



OPA DATABASE GUIDE

FOR

PUBLIC USERS - COVERED ENTITY

SEPTEMBER 2011
VERSION 1.1

Prepared by:
Primescape Solutions, Inc.
PRIMESCAPE
We Deliver Solutions

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REGISTER A COVERED ENTITY

Objectives:

- Registering a new Covered Entity Online

REGISTERING A COVERED ENTITY

DETAILS

Registering a Covered Entity (CE)

- The Covered Entity (CE) Online Registration process is an automated process.
- Online Registration Forms cannot be saved during the process, so the Registration form must be completed during the browser session.
- Once the Online Registration form is submitted, OPA reviews. Once a registration receives approval from OPA, the Registration Form (Covered Entity Details) is available for viewing.
- When OPA approves, terminates, or makes any changes to a Covered Entity Details record, the Authorizing Official and Primary Contact receive an email notification with detailed information.

EXAMPLE



The screenshot displays the HRSA Office of Pharmacy Affairs website. The header includes the HRSA logo and navigation links for Home, Covered Entities, Contract Pharmacies, Manufacturers, and Reports. A 'Useful Links' section provides quick access to Help, Reports, Forms, DSH Adjustment Percentages, Termination Codes, Medicaid Exclusion Files, Covered Entity Acronyms, Notes, and Contacts. The main content area is divided into three columns: Covered Entities, Contract Pharmacies, and Manufacturers. Each column contains links for Search, Register, and Register an Outpatient Facility. A 'What's New' section on the left lists recent updates, and an 'Important Notifications' section on the right provides information about webinars and deadlines. A footer section contains the HHS Privacy Policy Notice, contact information for the U.S. Department of Health and Human Services (HHS) and the Office of Pharmacy Affairs (OPA), and a link for Questions, Comments, or Suggestions.

REGISTERING A COVERED ENTITY

DETAILS

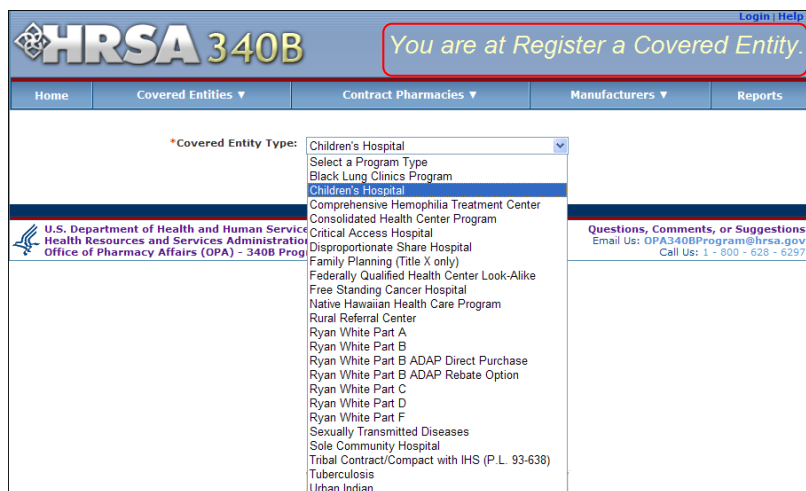
Select Entity Type

- All Registration forms are completed in sections, and only include the sections that are relevant to the Program Type.
 - As the system progresses through the process, it displays the previous sections completed.
 - System does not advance to the next section until the current section is completed and validated.
 - Once you start the Online Registration process, the main header identifies, *You are at Register a Covered Entity.*
 - Throughout the registration process, required fields are indicated with an * asterisk. The system returns an error message if, 1) a required field is omitted, or 2) incorrect information is entered.
 - Use the Tab key to proceed through each section.
- Click the Register a Covered Entity link on the Homepage.
 - Click on drop-down arrow for the Covered Entity Type and make a selection.
Drop-down list displays the expanded list of Covered Entity Registration forms available.
 - Click the **Continue** button.

EXAMPLE



The screenshot shows the HRSA Office of Pharmacy Affairs homepage. The navigation bar includes links for Home, Covered Entities, Contract Pharmacies, Manufacturers, and Reports. The 'Covered Entities' section is expanded, showing links for Search Covered Entities, Search Medicaid Provider Numbers, Register a Covered Entity (highlighted with a red box), and Register an Outpatient Facility. The 'What's New' section contains updates on pharmacy comments, database improvements, and registration deadlines. The 'Important Notifications' section provides information on the Affordable Care Act implementation and the quarterly deadline for registration forms. A footer section includes the HHS Privacy Policy Notice, contact information for the U.S. Department of Health and Human Services, and a link for Questions, Comments, or Suggestions.



The screenshot shows the HRSA 340B registration form. The 'Covered Entity Type' dropdown menu is open, displaying a list of entity types including Children's Hospital, Select a Program Type, Black Lung Clinics Program, Comprehensive Hemophilia Treatment Center, Consolidated Health Center Program, Critical Access Hospital, Disproportionate Share Hospital, Family Planning (Title X only), Federally Qualified Health Center Look-Alike, Free Standing Cancer Hospital, Native Hawaiian Health Care Program, Rural Referral Center, Ryan White Part A, Ryan White Part B, Ryan White Part B ADAP Direct Purchase, Ryan White Part B ADAP Rebate Option, Ryan White Part C, Ryan White Part D, Ryan White Part F, Sexually Transmitted Diseases, Sole Community Hospital, Tribal Contract/Compact with IHS (P.L. 93-638), Tuberculosis, and Urban Indian. The 'Continue' button is highlighted with a red box.

REGISTERING A COVERED ENTITY

DETAILS

Canceling a Registration

At anytime during the Registration process, clicking the **Cancel** button presents a pop-up window.

- Click the **OK** button and the Registration is discontinued and user is returned to **HRSA 340B Homepage**.
- Click the **Cancel** button to continue with the Registration.

Pre-Qual Questions

The Pre-Qual questions are required. It is recommended to discontinue the Registration if uncertain about questions, or required information is not available.

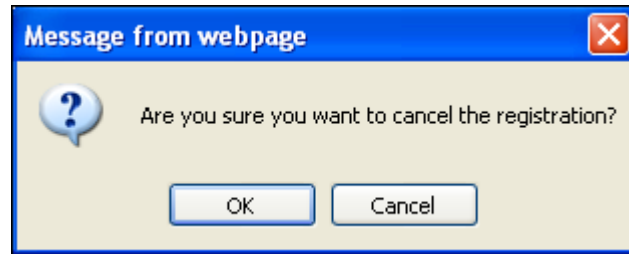
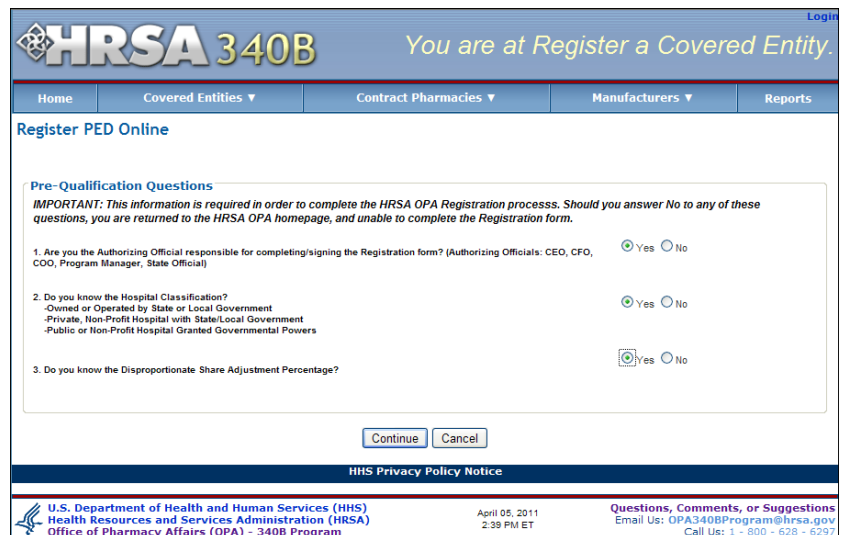
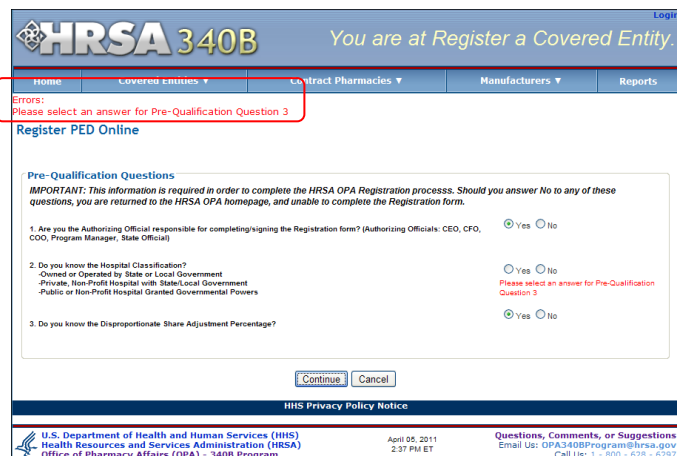
- The specific Pre-Qualification Questions are determined by the Entity Type selected.
- Answering **No** to any of the Pre-Qual questions, returns user to the **HRSA 340B Homepage**.


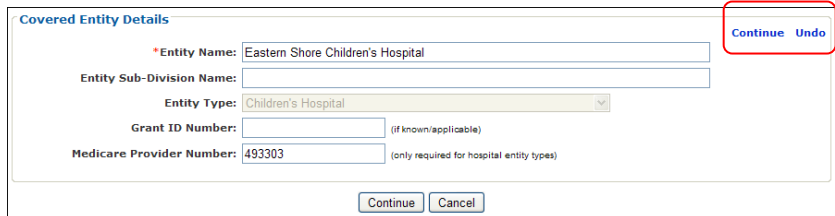
- Click on Yes radio buttons.
- Click the **Continue** button.

Error Messages

If a question is not answered, the system provides an error message in red, explaining the error. In order to proceed, all questions must be answered.

EXAMPLE

REGISTERING A COVERED ENTITY	
DETAILS	EXAMPLE
<p>Instructions</p> <p>Instructions for completing the 340B Registration provides information about dates and general details for registering a Covered Entity.</p> <ul style="list-style-type: none"> Provide the applicable dates Covered Entity become effective based on the submission dates. Scroll bars provide ability to read the Instructions in their entirety. 	
<p>Covered Entity Details</p> <ol style="list-style-type: none"> Enter information in the Covered Entity Details section. Click the Continue button. 	
<p>Editing Information</p> <p>The Continue and Undo buttons display for each section allowing information to be either edited or restored.</p> <ul style="list-style-type: none"> Select Continue to edit information and proceed to next section. Select Undo to remove all data that was entered and restore. 	

REGISTERING A COVERED ENTITY

DETAILS

Covered Entity Addresses

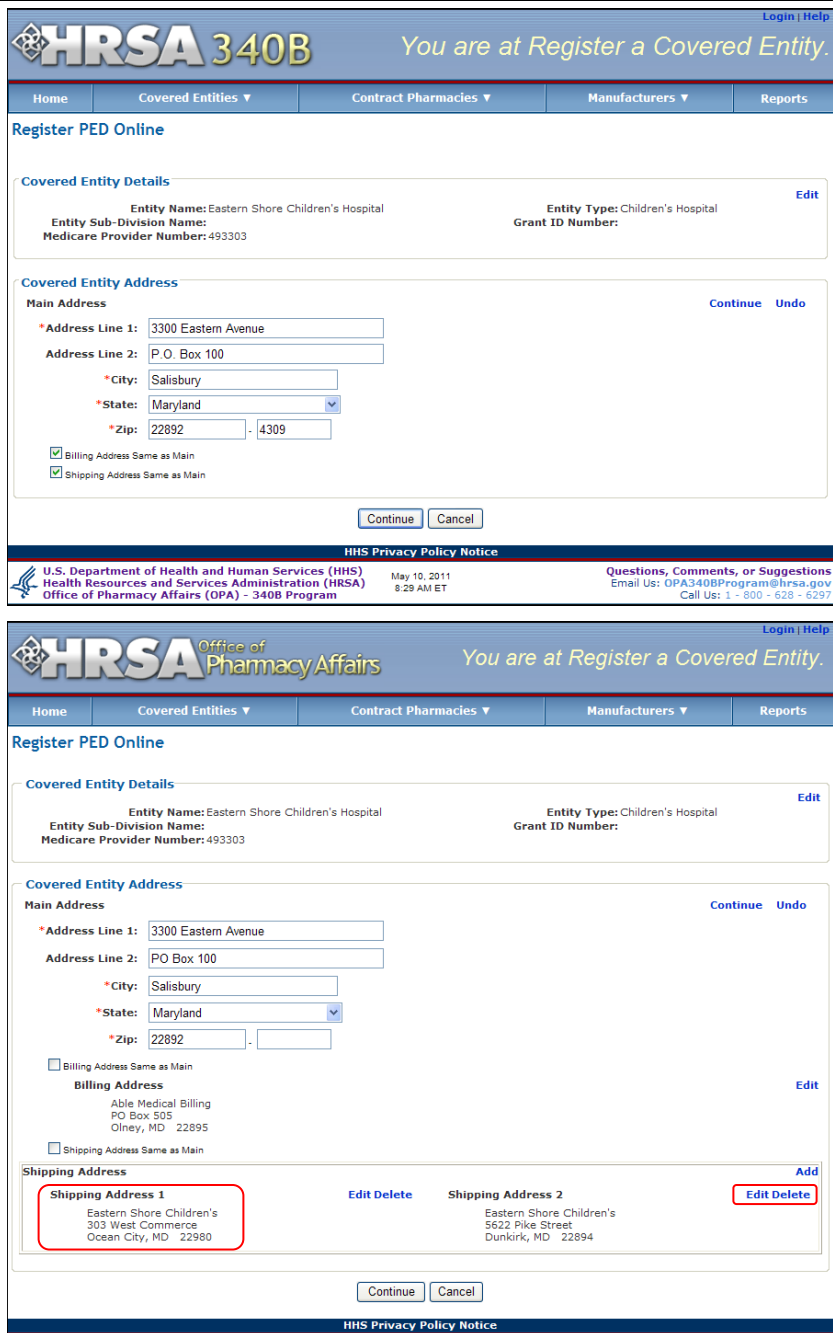
- Default is for Billing and Shipping Address to be the same as the main CE address.
- Unselecting the checkboxes ☐ for Billing and/or Shipping Address expands the section and allows alternate addresses to be entered.
- Multiple shipping addresses can be added.

1. Enter applicable address information.
2. Click the **Continue** button.

Adding Multiple Shipping Addresses

1. Click on the **Add** button and new Shipping Address fields display.
 2. Enter the applicable address information.
 3. Click the **Continue** button and the shipping address is added.
- Continue these same steps to add unlimited shipping addresses.
 - Each new address is listed below the Billing Address.
 - Click the Edit button next to the applicable address to edit the address.
 - Click the Delete button next to the applicable address to delete the address.

EXAMPLE



HRSA 340B You are at Register a Covered Entity.

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

Register PED Online

Covered Entity Details [Edit](#)

Entity Name: Eastern Shore Children's Hospital
Entity Sub-Division Name:
Medicare Provider Number: 493303

Entity Type: Children's Hospital
Grant ID Number:

Covered Entity Address [Continue](#) [Undo](#)

Main Address

*Address Line 1: 3300 Eastern Avenue
Address Line 2: P.O. Box 100
*City: Salisbury
*State: Maryland
*Zip: 22892 - 4309

☒ Billing Address Same as Main
☒ Shipping Address Same as Main

[Continue](#) [Cancel](#)

HHS Privacy Policy Notice

U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Office of Pharmacy Affairs (OPA) - 340B Program

May 10, 2011
9:29 AM ET

Questions, Comments, or Suggestions
Email Us: OPA340BProgram@hrsa.gov
Call Us: 1 - 800 - 628 - 6297

HRSA Office of Pharmacy Affairs You are at Register a Covered Entity.

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

Register PED Online

Covered Entity Details [Edit](#)

Entity Name: Eastern Shore Children's Hospital
Entity Sub-Division Name:
Medicare Provider Number: 493303

Entity Type: Children's Hospital
Grant ID Number:

Covered Entity Address [Continue](#) [Undo](#)

Main Address

*Address Line 1: 3300 Eastern Avenue
Address Line 2: PO Box 100
*City: Salisbury
*State: Maryland
*Zip: 22892 -

☐ Billing Address Same as Main

Billing Address [Edit](#)

Able Medical Billing
PO Box 505
Olney, MD 22895

☐ Shipping Address Same as Main

Shipping Address

Shipping Address 1 [Edit Delete](#)

Eastern Shore Children's
303 West Commerce
Ocean City, MD 22980

Shipping Address 2 [Edit Delete](#)

Eastern Shore Children's
5622 Pike Street
Dunkirk, MD 22894

[Continue](#) [Cancel](#)

HHS Privacy Policy Notice

REGISTERING A COVERED ENTITY

DETAILS

EXAMPLE

Qualification Information

Qualification Information section **only** displays for Hospital Covered Entity types and the information required differs based on the Hospital type.

- Covered Entity hospital types: Children's Hospital, Critical Access, Disproportionate Share Hospital, Free Standing Cancer, Sole Community, and Rural Referral Center.
- Group Purchasing Organization (GPO) question with required answer of No, **only** displays for: Children's, Free Standing Cancer, and Disproportionate Share hospitals.
- Group Purchasing Organization (GPO) question **does not** display for Critical Access and Sole Community hospitals, and Rural Referral Center.

1. Enter data in all applicable fields.
2. Click the **Continue** button.

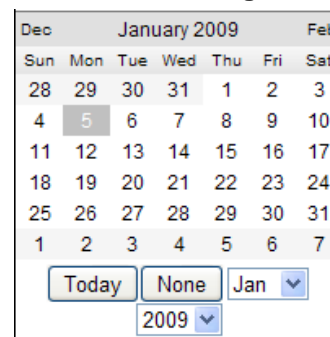
Date Fields

- Date fields are formatted and must be entered correctly or a message displays: **Please enter a valid cost reporting period end date.**
- Dates can be entered by:
 - Placing the cursor in the field and entering a date (01/05/2009).
 - Selecting date from the calendar widget.




This QI section is based on a Children's Hospital CE, which requires the most information.

Calendar Widget



Calculation Based On Drop-Down List

REGISTERING A COVERED ENTITY	
DETAILS	EXAMPLE
<p>Calculation Based On</p> <ul style="list-style-type: none"> Calculation Based On field displays drop-down list these selections. <p>Hospital Classification</p> <ul style="list-style-type: none"> Hospital Classification field displays drop-down list with these selections. Private, Non-Profit Hospital with State/Local Gov't Contract, requires additional contact information required later during the process. <p>Medicaid Billing Information</p> <ul style="list-style-type: none"> Answer Yes to the Medicaid Billing question, then an NPI or Medicaid Number must be entered. Answer No to question and proceed to next section. <ol style="list-style-type: none"> Click the applicable radio button. Click the Add button for Medicaid and/or NPI Number section, and section expands. <ul style="list-style-type: none"> Information can be added for both sections. Medicaid Number includes State field. NPI consists of 10 numbers. Enter information. Click on Insert and information is added. Click Cancel to remove. Click the Continue button. <ul style="list-style-type: none"> To delete Medicaid or NPI numbers entered, click on the Delete button. 	<div> <div> Select One Official Determination from HHS Contractor Medicare Cost Report Data Independent Auditor Other </div> <div> Select One Owned or Operated by State or Local Government Private, Non-Profit Hospital with State/Local Govt Contract Public or Private Non-Profit Hospital Granted Governmental Powers </div> <div> <div>Medicaid Billing Information</div> <div> Continue Undo </div> <div> You must answer the following question regarding Medicaid Billing: </div> <div> Will you bill Medicaid for drugs purchased at 340B drug price? <input checked="" type="radio"/> Yes <input type="radio"/> No </div> <div> Medicaid Exclusion Tutorial </div> <div> Medicaid Number(s): </div> <div> <div> <div>Medicaid Number</div> <div>State</div> </div> <div>Add</div> </div> <div> NPI Number(s): </div> <div> <div> <div>NPI Number</div> </div> <div>Add</div> </div> </div> <div> <div> Medicaid Number(s): </div> <div> <div> <div> <div>Medicaid Number</div> <div>State</div> </div> <div> <input type="text"/> <div>Select a State</div> </div> <div>Insert Cancel</div> </div> </div> </div> <div> <div> NPI Number(s): </div> <div> <div> <div> <div>NPI Number</div> <div>1459023444</div> </div> <div>Insert Cancel</div> </div> </div> </div> <div> <div> <div> <div>NPI Number</div> <div>1459023444</div> </div> <div> <div>Edit</div> <div>Delete</div> </div> </div> </div> </div>

REGISTERING A COVERED ENTITY	
DETAILS	EXAMPLE

Medicaid Exclusion Tutorial

- Medicaid Exclusion Tutorial link accesses the Medicaid Exclusion Tutorial and Medicaid Exclusion File Basics, which provides information and links to additional information.


Medicaid Billing Information

You must answer the following question regarding Medicaid Billing:

Will you bill Medicaid for drugs purchased at 340B drug prices? ☒ Yes ☐ No

[Continue](#) [Undo](#)

[Medicaid Exclusion Tutorial](#)



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[Pharmacy Affairs & 340B Drug Pricing Program](#)

Pharmacy Affairs & 340B Program Topics

- [Introduction to 340B Drug Pricing Program](#)
- [Outpatient Covered Entities: Covered Entities, Contracted Pharmacies, & Participating Manufacturers Data Collection and Medicaid Exclusion File](#)
- [Legal Resources](#)
- [Disproportionate Share Hospitals & 340B](#)
- [Alternative Care Act](#)
- [Editorial](#)
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- [Governance of Pharmacy](#)
- [Related Terms](#)
- [Alternative Methods](#)
- [Documentation Projects](#)
- [Links](#)
- [Frequently Asked Questions](#)
- [For more information contact:](#)
- [Pharmacy Services Support Center at 1-800-628-6297](#)

Medicaid Exclusion Tutorial and Medicaid Exclusion File Basics

- [Medicaid Exclusion Tutorial](#)
- [Medicaid Exclusion File Basics](#)

Medicaid Exclusion Tutorial

[Medicaid Exclusion Tutorial \(PDF - 1.34 MB\)](#)

The legislation that created the 340B program¹ required the Secretary of Health and Human Services to set up a mechanism to ensure that manufacturers did not file a duplicate discount or a drug claim. A duplicate discount would occur if the same 340B covered entity (i.e., a State Medicaid agency) received multiple discounts for the same drug from the same manufacturer. The mechanism the Secretary established to comply with the legislation is mandated to prohibit duplicate discounts as a part of the Office of Pharmacy Affairs (OPA) database called the Medicaid Exclusion File (MEF). See [340B \(June 23, 1993\)](#) and 59 Fed. Reg. 20,110 (May 12, 1994).

The OPA is a part of the HHS Department and is located within the Office of the Assistant Secretary for Health. The OPA's mission is to ensure that the 340B program is implemented in a way that is consistent with the intent of the law. The OPA is responsible for the MEF and for ensuring that the MEF is updated with the latest information. The OPA is also responsible for ensuring that the MEF is used by all 340B covered entities to ensure that they are not receiving duplicate discounts for the same drug from the same manufacturer.

1. How is the data gathered for the Medicaid Exclusion File?

Upon enactment of the 340B Program, OPA collects two critical pieces of information for entry into the Medicaid Exclusion File:

- whether the entity intends to bill Medicaid prescriptions with 340B purchased drugs; and
- the entity's Medicaid provider number (NPI). If the 340B entity is using 340B purchased drugs for their Medicaid patients' prescriptions.

OPA adds the Medicaid provider number (NPI) of the covered entity that uses 340B drugs to the Medicaid Exclusion File. The MEF is a database that contains the Medicaid Exclusion File. If the entity is not using 340B purchased drugs for their Medicaid patients' prescriptions, typically called "tolling out," this field should indicate "N/A."

The Medicaid Exclusion File is used by different stakeholders to prevent duplicate discounts from occurring. For example, a State Medicaid agency may use the MEF to determine whether a drug is being purchased at 340B prices. If the MEF indicates that a drug is being purchased at 340B prices, the State Medicaid agency should not pay for the drug on a claim originating from a particular entity. The Exclusion File is available through the [State Medicaid Agency Database](#). To perform a State Medicaid Agency Database search, click on the "Search" button. The search results will show the State Medicaid Agency Database search results. Select the appropriate State code and press the "Identify Query" button.

As providers are coded (NPIs, as required by CMS, the OPA will be working with States to update the current Medicaid Provider Number shown in the Medicaid Exclusion File with the corresponding NPIs that provider. During the transition from the Medicaid Exclusion File to the NPI, the MEF will continue to use the old Medicaid Provider Number until the NPI is updated. The MEF will continue to use the old Medicaid Provider Number until the NPI is updated.

2. What determines whether or not an entity will be listed in the Medicaid Exclusion File?

The decision made by an entity regarding the utilization of 340B purchased drugs to bill Medicaid prescriptions for their patients will determine their inclusion or exclusion from the Medicaid Exclusion File.

Entities are permitted to contact with a pharmacy to provide dispensing services for the entity's 340B drugs. It is this arrangement the 340B entity purchases the drug, and the drug is then sold to the pharmacy (the pharmacy bills the covered entity and the pharmacist dispenses the drug to the patient).

Generally, 340B entities do not include Medicaid prescriptions as part of the agreement with a contract pharmacy. In this case, all of the prescriptions from the entity are filed by the contract pharmacy using 340B prices except for the Medicaid prescriptions. The Medicaid prescriptions are filed by the contract pharmacy or by any other pharmacy where the patient chooses to take the prescription, using the 340B entity's 340B purchased drug. We are not used to bill these Medicaid prescriptions.

There is no list in the OPA to list the OPA to list the Medicaid provider number (NPI) of the contract pharmacy in the OPA database. Since the Medicaid prescriptions are filed using drug purchased at 340B prices. Providing OPA with the Medicaid provider number (NPI) of the contract pharmacy in this situation might cause the Medicaid Agency to incorrectly flag the drug as a duplicate discount. The OPA will continue to use the old Medicaid provider number (NPI) of the contract pharmacy in the OPA database. There are a few reasons that most 340B entities exclude Medicaid prescriptions from their contracts with contract pharmacies:

- Contract pharmacies and Medicaid agencies generally have not "established an arrangement to prevent duplicate discounting."
- Most clinics and pharmacies are aware that the Medicaid and kickback statute is very broad, and are wary of including Medicaid prescriptions in their contracts.
- Most clinics and pharmacies are aware that the Medicaid and kickback statute is very broad, and are wary of including Medicaid prescriptions in their contracts.

The contract pharmacy services guidelines published in the [Federal Register, August 23, 1993](#) state in section C (1): "Both parties will not use drugs purchased under section 340B to dispense Medicaid prescriptions, unless the contract pharmacy and the State Medicaid agency have established an arrangement to prevent duplicate discounting."

3. Clinics sometimes lose money on Medicaid prescriptions when they are filled with 340B purchased drugs.

Clinics that bill Medicaid at full drug prices purchased under the 340B program must bill at their 340B acquisition cost. The discounting fee is often inadequate to cover the loss of the drug. Therefore, many 340B entities and contract pharmacies prefer to exclude Medicaid prescriptions from the 340B contract pharmacy to avoid the loss of the drug.

4. Most clinics and pharmacies are aware that the Medicaid and kickback statute is very broad, and are wary of including Medicaid prescriptions in their contracts.

The contract pharmacy services guidelines published in the [Federal Register, August 23, 1993](#) state in section C (1): "In negotiating and executing a contract pharmacy services agreement pursuant to these guidelines, contractors and covered entities should be aware of and take into consideration the provisions of the Medicare and Medicaid anti-kickback statute, 42 U.S.C. 1320a-7(b). This statute makes it a felony for a person or entity to knowingly and willfully offer, pay, solicit, or receive remuneration with the intent to induce, or in return for the referral of Medicare or a State health care program business."

Summary Questions

- What is the Medicaid Exclusion File?**
 - It is a list of all the entities that are using 340B purchased drugs to bill Medicaid prescriptions.
 - It is a list of all the entities that are using 340B purchased drugs to bill Medicaid prescriptions.
 - It is a list of all the entities that are using 340B purchased drugs to bill Medicaid prescriptions.
- Why must Medicaid agencies bring entities on 340B purchased drugs?**
 - The 340B program prohibits Medicaid agencies from collecting rebates on drugs purchased at 340B prices because the practice would result in duplicate discounts.
 - The "duplicate discount" would occur if an up-front 340B discount and back-end Medicaid rebates were provided on the same drug/claim item.
- Which Medicaid Provider and NPI numbers should our entity submit to OPA?**
 - The entity should submit Medicaid Provider and NPI numbers that are associated with the parts of the entity that dispense or administer 340B purchased drugs to Medicaid patients. This is most often the pharmacy's Medicaid provider number (NPI), but could also be the clinic's Medicaid provider number (NPI) or a combination of both, depending on the services at the clinic. For more information, contact Pharmacy Services Support Center at 1-800-628-6297.
- What if our entity uses 340B for some Medicaid patients and not for others? What Medicaid Provider Number and NPI should we submit?**
 - If the entity is responsible for tolling with the Medicaid Agency or such state to ensure the 340B purchased drugs can be billed by Medicaid Agencies and related programs.
 - OPA requires that the information in the Medicaid Exclusion File reflect what is occurring at that entity for ALL of its Medicaid patients. The Medicaid Exclusion File is not intended to support entities which "pick and choose" how they bill Medicaid or in a capacity case basis. If the Medicaid Provider number (NPI) is listed in the Medicaid Exclusion File the Medicaid provider number should always be used to bill Medicaid for 340B purchased drugs.
- Why would 340B entities want to exclude Medicaid prescriptions from their contracts?**
 - Most contract pharmacies and Medicaid agencies do not "establish an arrangement to prevent duplicate discounting."
 - Clinics sometimes lose money on Medicaid prescriptions when they are filled with 340B purchased drugs.
 - Most clinics and pharmacies are aware that the Medicaid anti-kickback statute is very broad, and are wary of including Medicaid prescriptions in their contracts.

Medicaid Exclusion File Basics

[Medicaid Exclusion File Basics \(PDF - 408 KB\)](#)

The 340B statute expressly prohibits covered entities from billing to Medicaid a drug purchased under 340B if a State can also seek a rebate on that drug under section 1927 of the Social Security Act (a "duplicate discount"). Pursuant to the statute, the Secretary implemented the Medicaid Exclusion File as the mechanism in place to prevent duplicate discounts (59 Fed. Reg. 20,110 (May 12, 1994)). Accordingly, all covered entities that use 340B and bill Medicaid MUST follow these rules:

- If you plan to bill Medicaid for any covered outpatient drug purchased under the 340B Drug Pricing Program, you must provide to the Office of Pharmacy Affairs (OPA) the Medicaid provider number (NPI) number used to bill Medicaid for 340B covered outpatient drugs. If the appropriate Medicaid billing number is not listed in the OPA database, and you use 340B drugs to bill Medicaid prescriptions, you should contact OPA immediately to include the correct number on the OPA exclusion file database.
- If you do not bill Medicaid for drugs purchased under the 340B Drug Pricing Program, you should not provide your Medicaid provider number (NPI) to the OPA. The purchase by 340B covered entities of Medicaid prescriptions outside of the 340B Program is commonly referred to as "tolling out" Medicaid prescriptions. If you "toll out" Medicaid, but your Medicaid provider number (NPI) is listed on the OPA exclusion file database you should contact OPA to remove it immediately.
- At the outset, it is the decision of the covered entity to decide whether or not to use 340B purchased outpatient drugs when billing Medicaid under a particular Medicaid provider number (NPI). However, the covered entity must be consistent. If the covered entity decides to bill to Medicaid for drugs purchased under 340B with a Medicaid provider number (NPI), then ALL drugs billed to that number must be purchased under 340B and that Medicaid provider number (NPI) must be listed on the OPA exclusion file database. If the covered entity decides to purchase drugs from outside the 340B program (i.e. "toll out" for their Medicaid patients) then ALL drugs billed under their Medicaid provider number (NPI) must NOT be purchased under 340B, and that Medicaid provider number (NPI) should not be listed on the OPA exclusion file database.
- Any changes in billing Medicaid, including these rules must be reported to OPA before implementation and it is the entity's responsibility to ensure that the posted database information is correct.
- When covered entities bill Medicaid under their pharmacy's Medicaid provider number (NPI), while some may bill Medicaid under the clinic's Medicaid provider number (NPI). Covered entities should only provide their own Medicaid provider numbers and not those of contractors. If a covered entity bills drugs purchased under 340B with more than one Medicaid provider number (NPI), it must provide all such numbers.
- To the extent that a covered entity is unable to comply with the above or wishes to utilize alternative methods that also prevent duplicate discounts they should work with their State Medicaid Agencies and the OPA to establish sufficient safeguards.

¹Section 340B of Public Law 105-358

For additional assistance outside of the tutorial, please direct your questions to Pharmacy Services Support Center (PSSC) at 1-800-628-6297

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REGISTERING A COVERED ENTITY	
DETAILS	EXAMPLE
<p>Contact Information</p> <ol style="list-style-type: none"> Enter applicable information. <ul style="list-style-type: none"> To make the Primary contact the same as the Authorizing Official, click the checkbox <input checked="" type="checkbox"/>. Click the Continue button. 	<div> <p>Contact Information</p> <p>Authorizing Official Continue Undo</p> <p>*Name: James Conner</p> <p>*Title: President</p> <p>*Phone: 301-459-2345 Ext: 110</p> <p>*Email: jamesconner@xyz.com</p> <p><input type="checkbox"/> Make Primary Contact Information same as Authorizing Official</p> <p>Primary Contact Continue Undo</p> <p>*Name: Ellen Jenkins</p> <p>*Title: CFO</p> <p>*Phone: 301-459-2346 Ext: </p> <p>*Email: ellenjenkins@xyz.com</p> </div> <div> <p>Contact Information</p> <p>Authorizing Official Continue Undo</p> <p>*Name: James Conner</p> <p>*Title: President</p> <p>*Phone: 301-459-2345 Ext: 110</p> <p>*Email: jamesconner@xyz.com</p> <p><input checked="" type="checkbox"/> Make Primary Contact Information same as Authorizing Official</p> <p>Primary Contact</p> <p>Name: James Conner Title: President Phone: 301-459-2345 Ext: 110 Email: jamesconner@xyz.com</p> </div> <div> <p>Local/State Government Official Contract Information</p> <p>Since you chose 'Private, Non-Profit Hospital with State/Local Govt Contract' hospital classification, this information is required. Continue Undo</p> <p>Contract Number / Identifier: MD89031</p> <p>*Name: Harry Walker</p> <p>*Title: Representative</p> <p>*Phone: 410-333-7899 Ext: </p> <p>*Email: hwalker@zzz.com</p> <p>*Address Line 1: 2300 Circle Street</p> <p>Address Line 2: </p> <p>*City: Annapolis</p> <p>*State: Maryland</p> <p>*Zip: 22789 - </p> </div>
<p>Local/State Gov't Official Contact</p> <ul style="list-style-type: none"> This section only displays if <i>Private, Non-Profit Hospital with State/Local Government Contract</i> is selected as the Hospital Classification field in the Qualification Information section. <ol style="list-style-type: none"> Enter applicable information. Click the Continue button. 	

REGISTERING A COVERED ENTITY

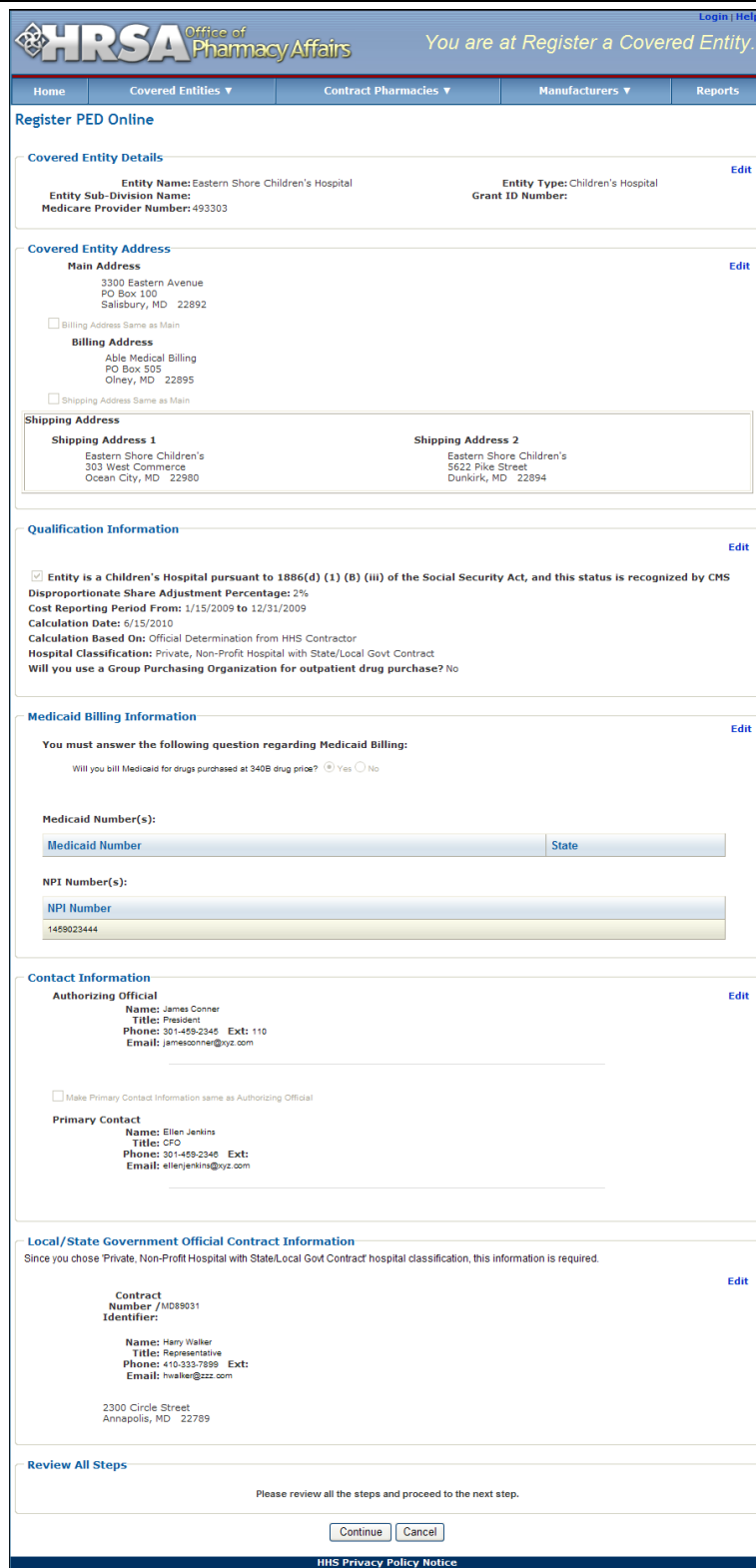
DETAILS


Review and Edit

- Prior to submitting the Registration form, each section can be edited.
 - System automatically guides user through each section.
- Click on **Edit** button in the applicable section to be edited, the section opens.
 - Make edits.
 - Click the **Continue** button and the information is updated. **Undo** button restores information to original information.
 - Complete review.
 - Click the **Continue** button at the bottom of the screen.



EXAMPLE



REGISTERING A COVERED ENTITY	
DETAILS	EXAMPLE
<p>Authorize and Submit</p> <ul style="list-style-type: none"> Signed By Official can be the same person as the Authorizing Official. Checkbox <input checked="" type="checkbox"/> for Authorizing Signature must be indicated in order to Authorize and Submit. Checkbox <input checked="" type="checkbox"/> for GPO statement only displays for Children's, Free Standing Cancer, and Disproportionate Share Hospitals if a CE designates they will not participate in a group purchasing arrangement as indicated in the Qualification Information section. Before submitting Back button allows users to go back to the Review and Edit screen. <ol style="list-style-type: none"> Enter applicable information. Select appropriate Outpatient Facilities radio button. Click Authorize and Submit button and the Confirmation/Print screen displays. <p>Outpatient Facilities Question</p> <ul style="list-style-type: none"> Outpatient Facilities question displays only for Hospital types at the bottom, and requires either a Yes or No answer. Outpatient Facility answer is Yes, then upon completing registration for the main Covered Entity an Outpatient Registration form opens. Outpatient Facility answer is No, then Covered Entity Registration proceeds to Confirmation/Print screen. 	

REGISTERING A COVERED ENTITY

DETAILS

Confirmation/Print


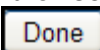
- Confirmation/Print screen provides acknowledgement that the online portion of the Registration is completed.
- Thoroughly read the information, as it provides additional information for completing the Registration.

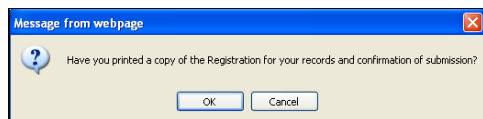


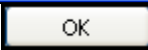

Always print a copy of your Online Registration form. If you do not print, there is no way to retrieve a copy for your records.



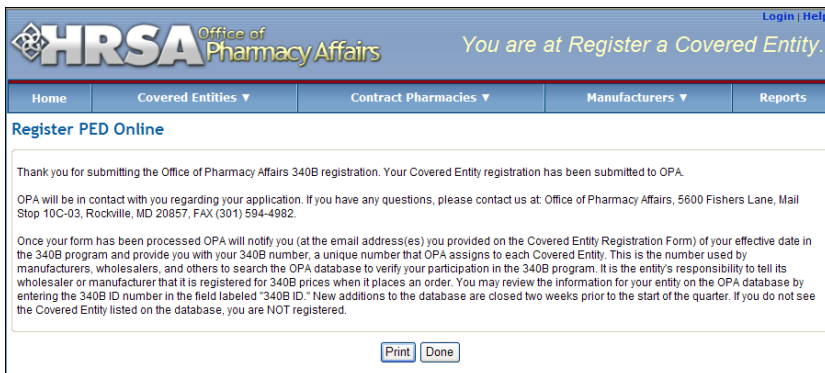
In order for pop-up windows to display, user must have Browser settings to allow pop-ups.

- Click the  button and the applicable Registration forms display in separate browser(s) window.
- Print the document(s).
- Close the browser window(s).
- Click the  button and pop-up window displays.



- Click the  button and the Registration is completed, and returns to the **HRSA 340B Homepage**. The  button closes the pop-up window.

EXAMPLE



Instructions for Completing the 340B Registration

Your registration process is now complete **unless** you are registering a hospital. The attached Online Registration form is for your records. If you are registering a hospital, please follow the **Special Instructions for completing the 340B Registration for Hospitals** section to complete your Registration process.

Once your Online Registration has been processed, the OPA will notify you (at the e-mail address that you provide on the Program Registration Form) of 1) your effective date in the 340B Program and 2) provide you with your 340B number, a unique number that OPA assigns to each covered entity. Please use this number in all correspondence to OPA. This is the number used by manufacturers, wholesalers, and others to search the OPA database to verify your participation in the 340B program. It is the entity's responsibility to tell its wholesaler or manufacturer that it is registered for 340B prices when it places an order. You may view the information for your entity on the OPA database by entering the 340B ID number in the field labeled "340B ID." New additions to the database are closed two weeks prior to the start of the quarter. If you do not see your entity listed on the database, you are **NOT** registered.

NOTE: Online Registration Forms that are electronically signed by an individual that OPA determines is not an acceptable authorizing official will not be processed. If you are in doubt regarding the acceptability of a signature, please contact the Pharmacy Services Support Center at 1-800-628-6297 or via email at pssc@aphanet.org prior to submission of your online registration form.

Special Instructions for Completing the 340B Registration for Hospitals

Based on the hospital type you are registering, the following pages may include **"Certification of Contract between a Hospital and State/Local Government to Provide Services to Low Income Individuals"** (applicable based on Hospital Classification). The following pages may also include **"Certification Regarding Non-Participation by a Hospital in a Group Organization (GPO)"** form. If either form is attached, you must submit the completed and signed form(s) to: Office of Pharmacy Affairs, 5600 Fishers Lane, Mail Stop 10C-03, Rockville, MD 20857 FAX (301) 594-4982. You can also email a copy of the signed, scanned form to opastaff@hrsa.gov. Your registration is not complete until the Office of Pharmacy Affairs receives these forms, if applicable.

HRSA's Office of Pharmacy Affairs is operating under the normal schedule and deadlines for all Covered Entities. The normal quarterly deadlines for application submission to OPA are a month before the start date in the 340B Program. The deadlines are **December 1, March 1, June 1 and September 1**.

DO NOT FAX THIS PAGE TO OPA

The quarterly deadlines for data submission to OPA are December 1 for the quarter beginning January 1; March 1 for the quarter beginning April 1; June 1 for the quarter beginning July 1; and September 1 for the quarter beginning October 1.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0327. Public burden is estimated to average 5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland 20857.
OMB No. 0915-0327; Expiration Date: 8/31/2012

Revision date 6/8/2010

REGISTERING A COVERED ENTITY																		
DETAILS	EXAMPLE																	
<ul style="list-style-type: none"> 340B Online Registration printed form provides all information that was entered in the online registration form. 	<div style="text-align: center; border: 1px solid black; padding: 10px;"> <h3 style="margin: 0;">340B Online Registration</h3> <p>Covered Entity Details:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Entity Name:</td> <td style="width: 33%;">Eastern Shore Children's Hospital</td> <td style="width: 33%;">Entity Type:</td> <td style="width: 33%;">Children's Hospital</td> </tr> <tr> <td>Entity Sub-Division Name:</td> <td></td> <td>Grant ID Number:</td> <td></td> </tr> <tr> <td>Medicare Provider Number:</td> <td>493303</td> <td></td> <td></td> </tr> </table> <p>Covered Entity Address Details:</p> <p>Main Address 3300 Eastern Avenue PO Box 100 Salisbury, MD 22892</p> <p>Billing Address Shipping Address</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Shipping Address 1 Eastern Shore Children's 303 West Commerce Ocean City, MD 22980 </td> <td style="width: 50%; vertical-align: top;"> Shipping Address 2 Eastern Shore Children's 5622 Pike Street Dunkirk, MD 22894 </td> </tr> </table> <p>Qualification Information:</p> <p><input checked="" type="checkbox"/> Entity is a Children's Hospital pursuant to 1886(d) (1) (B) (iii) of the Social Security Act, and this status is recognized by CMS Disproportionate Share Adjustment Percentage: 2% Cost Reporting Period From: 1/15/2009 to 12/31/2009 Calculation Date: 06/15/2010 Calculation Based On: Official Determination from HHS Contractor Hospital Classification: Private, Non-Profit Hospital with State/Local Govt Contract Will you use a Group Purchasing Organization for outpatient drug purchase? No</p> <p>Medicaid Billing Information: You must answer the following question regarding Medicaid Billing: <input checked="" type="checkbox"/> I intend to bill Medicaid for drugs purchased at 340B Drug Prices</p> <p>Medicaid Numbers:</p> <p>NPI Numbers: 1459023444</p> <p><small>The quarterly deadlines for data submission to OPA are December 1 for the quarter beginning January 1; March 1 for the quarter beginning April 1; June 1 for the quarter beginning July 1; and September 1 for the quarter beginning October 1.</small></p> <p><small>Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0327. Public burden is estimated to average 5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland 20857. OMB No. 0915-0327; Expiration Date: 8/31/2012</small></p> <p style="text-align: right;"><small>Revision date 6/8/2010</small></p> </div> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Contact Information:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Authorizing Official James Conner President 301-459-2345 x110 jamesconner@xyz.com </td> <td style="width: 33%; vertical-align: top;"> Primary Contact Ellen Jenkins CPO 301-459-2346 ellenjenkins@xyz.com </td> <td style="width: 33%; vertical-align: top;"> Signed By Official James Conner President 301-459-2345 x110 jamesconner@xyz.com </td> </tr> </table> <p>Local/State Government Official</p> <p>Contract Number / Identifier: MD89031</p> <p>Harry Walker Representative 410-333-7899 hwalker@zzz.com</p> <p>2300 Circle Street Annapolis, MD 22789</p> </div>	Entity Name:	Eastern Shore Children's Hospital	Entity Type:	Children's Hospital	Entity Sub-Division Name:		Grant ID Number:		Medicare Provider Number:	493303			Shipping Address 1 Eastern Shore Children's 303 West Commerce Ocean City, MD 22980	Shipping Address 2 Eastern Shore Children's 5622 Pike Street Dunkirk, MD 22894	Authorizing Official James Conner President 301-459-2345 x110 jamesconner@xyz.com	Primary Contact Ellen Jenkins CPO 301-459-2346 ellenjenkins@xyz.com	Signed By Official James Conner President 301-459-2345 x110 jamesconner@xyz.com
Entity Name:	Eastern Shore Children's Hospital	Entity Type:	Children's Hospital															
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REGISTERING A COVERED ENTITY	
DETAILS	EXAMPLE
<ul style="list-style-type: none"> State and Local Government form prints if designated during registration process. 	<p>Dept. of Health and Human Services, Health Resources and Services Administration, HealthCare Systems Bureau</p> <p>OFFICE OF PHARMACY AFFAIRS (OPA) CERTIFICATION OF CONTRACT BETWEEN A CHILDREN'S HOSPITAL AND STATE/LOCAL GOVERNMENT TO PROVIDE HEALTH CARE SERVICES TO LOW INCOME INDIVIDUALS</p> <p>To meet the eligibility requirements for a children's hospital to buy discounted outpatient drugs under Section 340B of the Public Health Service Act, this certification must be completed and signed by both parties. Incomplete forms <u>will not</u> be processed.</p> <hr/> <p>Eastern Shore Children's Hospital Hospital Name</p> <p>3300 Eastern Avenue, Salisbury , MD 22892 Address</p> <p>Pursuant to the requirement of Section 340B of the Public Health Service Act (42 U.S.C. 256b), I certify that a valid contract (please provide contract number or identifier if applicable - # MD89031) is currently in place between the private, non-profit hospital named above, and the State or Local Government Entity named below, to provide health care services to low income individuals who are not entitled to benefits under Title XVIII of the Social Security Act or eligible for assistance under the State plan of Title XIX of the Social Security Act.</p> <p>Signature of State or Local Government Official</p> <p>Harry Walker Name of State or Local Government Official (<i>please print or type</i>)</p> <p>Date</p> <p>Representative Title and Unit of Government</p> <p>2300 Circle Street, Annapolis, MD 22789 Address</p> <p>410-333-7899 Phone Number</p> <p>Ext. hwalker@zzz.com E-Mail Address</p> <p>As the Authorizing Official, I certify that when this contract is no longer valid, I will provide appropriate notice to the Office of Pharmacy Affairs.</p> <p>Signature of Authorizing Official (CEO, CFO, COO)</p> <p>Date</p> <p>James Conner, President Name and Title of Authorizing Official (<i>please print or type</i>)</p> <p>301-459-2345 Phone Number</p> <p>110 Ext. jamesconner@xyz.com E-Mail Address</p> <p>The quarterly deadlines for data submission to OPA are December 1 for the quarter beginning January 1; March 1 for the quarter beginning April 1; June 1 for the quarter beginning July 1; and September 1 for the quarter beginning October 1.</p> <p>Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0327. Public burden is estimated to average 5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland 20857.</p> <p>OMB No. 0915-0327; Expiration Date: 8/31/2012</p> <p>Revision date 6/8/2010</p>

REGISTERING A COVERED ENTITY	
DETAILS	EXAMPLE
<ul style="list-style-type: none"> Certification form regarding non-participating Hospital in a Group Purchasing Program, print if designated during registration. 	<div> <p>Dept. of Health and Human Services, Health Resources and Services Administration, HealthCare Systems Bureau</p> <p>OFFICE OF PHARMACY AFFAIRS (OPA) CERTIFICATION REGARDING NON-PARTICIPATION BY A CHILDREN'S HOSPITAL IN A GROUP PURCHASING ORGANIZATION (GPO)</p> <p>To meet the eligibility requirements for a children's hospital to buy discounted outpatient drugs under Section 340B of the Public Health Service Act, this certification must be completed and signed. Incomplete forms <u>will not</u> be processed.</p> <hr/> <p>Eastern Shore Children's Hospital Hospital Name</p> <p>3300 Eastern Avenue Address</p> <p>Salisbury, MD 228924309 City, State, Zip</p> <p>Once the above hospital has received written confirmation from the OPA that it has been accepted into the 340B Program, and is listed on the OPA database of 340B covered entities, I certify that this hospital will not participate in a group purchasing organization or group purchasing arrangement for covered outpatient drugs as of the date of this listing on the OPA database.</p> <hr/> <p>Signature of Authorizing Official _____ Date _____</p> <p>James Conner, President Name and Title of Authorizing Official (please print or type)</p> <p>3300 Eastern Avenue Address</p> <p>Salisbury, MD 228924309 City, State, Zip</p> <p>301-459-2345 110 Phone Number Ext.</p> <p>jamesconner@xyz.com E-Mail Address</p> <hr/> <p>The quarterly deadlines for data submission to OPA are December 1 for the quarter beginning January 1; March 1 for the quarter beginning April 1; June 1 for the quarter beginning July 1; and September 1 for the quarter beginning October 1.</p> <p>Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0327. Public burden is estimated to average 5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSAs Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland 20857.</p> <p>OMB No. 0915-0327; Expiration Date: 8/31/2012</p> <p>Revision date 6/8/2010</p> <hr/> <p>The Office of Pharmacy Affairs (OPA) has received your Program Registration form and has added Eastern Shore Children's Hospital at 3300 Eastern Avenue, Salisbury, MD 22892, as a PED covered entity in the 340B Program database. The effective date is 10/1/2011. The unique 340B ID number is PED999-3456.</p> <p>Please review the information entered for your organization, to ensure that there are no errors, at the following link: http://opamet.hrsa.gov/opa/Default.aspx</p> <ul style="list-style-type: none"> - In the middle section of the Home page under "Covered Entities," click the first option, "Search Covered Entities." - Enter PED999-3456 in the field marked "340B ID" and click "Search." - On the right under Advanced Search Criteria, select "Entities Added Next Quarter" from the Advanced Query Options drop down. Dates for next quarter will automatically populate. Click "Search." - When the results display, click on the 340B ID number on the left to display the contents of the record. <p>Manufacturers and distributors frequently require exact matches of information in order to provide 340B pricing. It may be helpful to provide your 340B ID number (PED999-3456) to manufacturers and wholesalers to help them verify your 340B eligibility status.</p> <p>If there are any errors or modifications, please report them to us immediately so that we may correct the record. Please reference your 340B ID number in the communication. To facilitate any changes, please use the Change Form at this link - ftp://ftp.hrsa.gov/bphc/pdf/opa/340Bchangeform.ctf - and email your changes to opastaff@hrsa.gov.</p> <p>Please be advised that the 340B program requires that all sites that purchase drugs be registered in the program in order for patients of those sites to be eligible to receive 340B drugs. Only patients of a covered entity may receive drugs purchased under 340B. If your organization wishes to use 340B for patients of other sites, you will need to register each site. Online registration is available at: http://opamet.hrsa.gov/opa/CERegister.aspx?show=true</p> <p>Updates on the 340B program are regularly posted on the Office of Pharmacy Affairs website at www.hrsa.gov/opa.</p> <p>If you have not yet enrolled in the Prime Vendor Program, go to this link (https://www.340bvp.com/public/) to view information about the program and its benefits. There is NO ADDITIONAL COST to you to enroll and receive benefits from this arrangement, which include below 340B pricing on some products, CDC pricing on vaccines and special pricing for diabetic meters and strips.</p> <p>OPA also wants to ensure that you are aware that through a contractual arrangement between HRSA and the American Pharmacists Association, the Pharmacy Services Support Center (PSSC) provides pharmacy technical assistance at NO COST to your organization. The PSSC technical assistance consultants are nationally recognized experts in pharmacy operations as well as 340B program guidelines and regulations. To request technical assistance or information on a specific 340B question, visit the PSSC web site at http://pssc.aphamet.org/askpssc/needtechnicalassistance.htm or call 1-800-628-6297.</p> <p>If you have any questions, please contact us. Welcome to the program!</p> </div>

Email Approval Notification


Upon review and approval from OPA, the Authorizing Official and Primacy Contact receive an email notification providing basic details and URL to access the Covered Entity Details record. Email includes:


- Effective date for participating in the 340B Program.
- Unique 340B ID number.
- Helpful links to URLs for OPA staff, etc.

REGISTER OUTPATIENT FACILITY

Objectives:

- Registering an Outpatient Facility

REGISTERING AN OUTPATIENT FACILITY	
DETAILS	EXAMPLE
<p>Registering an Outpatient Facility</p> <ul style="list-style-type: none"> Registering an Outpatient Facility requires that a Covered Entity hospital type be already registered. Registering an Outpatient Facility can be done during registration process or as a separate registration. <p>Outpatient Facilities</p> <p>Outpatient Facilities Information* - You must answer the following questions for Outpatient facilities.</p> <p>* Would you like to register outpatient facilities at this time? <input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="button" value="Back"/> <input type="button" value="Cancel"/> <input type="button" value="Submit"/></p> <ul style="list-style-type: none"> Click the Register an Outpatient Facility link and the CE Search Criteria screen displays. <ul style="list-style-type: none"> Select link from Covered Entity Selection box or Covered Entities Menu bar. 	 <p>The screenshot shows the HRSA 340B website interface. The 'Covered Entities' menu is expanded, and the 'Register an Outpatient Facility' link is highlighted with a red box. A red arrow points from the 'or' in the details section to this link. The 'What's New' and 'Important Notifications' sections are also visible.</p>

REGISTERING AN OUTPATIENT FACILITY	
DETAILS	EXAMPLE
<p>Covered Entity Search</p> <ul style="list-style-type: none"> The more criteria entered the narrower the search results. Only these Hospital Types can be selected to have an Outpatient Facility registered. <div> Children's Hospital Critical Access Hospital Disproportionate Share Hospital Free Standing Cancer Hospital Rural Referral Center Sole Community Hospital </div> State field – use the scroll bar to select the desired state, or select a letter key (M) until the applicable state displays. Participating field defaults to All. <p>All applies to:</p> <ul style="list-style-type: none"> CE is approved as of today and actively participating in 340B Program. CE is terminated as of today. <p>Yes applies to:</p> <ul style="list-style-type: none"> CE is approved as of today and actively participating in 340B Program. <p>No applies to:</p> <ul style="list-style-type: none"> CE is approved as of today with a future start date. CE is terminated as of today. <ul style="list-style-type: none"> Alternative Method – pertains to shipping methods. Clear button clears entered information in all of the fields. Cancel button returns to HRSA 340B Homepage. 	

REGISTERING AN OUTPATIENT FACILITY

DETAILS

Searching for CE

1. Enter applicable search criteria.
2. Click the **Search** button and the Search Results table displays.

- For this Covered Entity search, 17 records are returned.
- Default Row/Page setting is for 10 records.
- To view all 17 records, either set the number of rows to 25 or place cursor on page 2.

1. Click on the radio button next to the Covered Entity to be selected.
2. Click the **Continue** button.

EXAMPLE



HRSA 340B You are at Register an Outpatient Facility.

Home Covered Entities Contract Pharmacies Manufacturers Reports

To register an eligible outpatient facility, you are required to search for and select an existing covered entity.

Search Criteria

Entity Type: Children's Hospital

340B ID:

Entity Name:

City:

State: ALL

Zip:

Grant/Provider Number:

Participating: All

Alternative Method:

Search Clear

Cancel

HHS Privacy Policy Notice

U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Office of Pharmacy Affairs (OPA) - 340B Program

May 24, 2011
1:13 PM ET

Questions, Comments, or Suggestions
Email Us: OPA340BProgram@hrsa.gov
Call Us: 1 - 800 - 628 - 6287



HRSA 340B You are at Register an Outpatient Facility.

Home Covered Entities Contract Pharmacies Manufacturers Reports

To register an eligible outpatient facility, you are required to search for and select an existing covered entity.

Search Results:

The number of rows returned: 17 Rows/Page: 10 Set Show Search Criteria

340B ID	Entity Type	Entity Name	Sub Name	Address	City	State	Start Date	Term Date	Edit Date
DSH210002	DSH	UNIVERSITY OF MARYLAND MEDICAL CENTER		22 SOUTH GREENE STREET	BALTIMORE	MD	10/01/2001		08/06/2010
DSH210002A	DSH	UNIVERSITY OF MARYLAND MEDICAL CENTER	UNIVERSITY PHARMACY AT THE PROFESSIONAL BUILDING	419 WEST REDWOOD STREET	BALTIMORE	MD	04/01/2003		05/05/2008
DSH210008	DSH	MERCY MEDICAL CENTER		301 ST. PAUL PLACE	BALTIMORE	MD	10/01/2002		12/14/2007
DSH210009	DSH	JOHNS HOPKINS HOSPITAL		800 NORTH WOLFE STREET	BALTIMORE	MD	07/01/2002		09/03/2009
DSH210009A	DSH	JOHNS HOPKINS HOSPITAL	THE JOHNS HOPKINS OUTPATIENT PHARMACY AT JHOC	601 N. CAROLINE	BALTIMORE	MD	07/01/2002		04/24/2008
DSH210009B	DSH	JOHNS HOPKINS HOSPITAL	THE JOHNS HOPKINS OUTPATIENT PHARMACY AT WEINBERG	401 NORTH BROADWAY	BALTIMORE	MD	07/01/2002		01/14/2010
DSH210009C	DSH	JOHNS HOPKINS HOSPITAL	THE JOHNS HOPKINS OUTPATIENT PHARMACY AT THE MOORE CLINIC	800 NORTH WOLFE ST	BALTIMORE	MD	07/01/2008		04/24/2008
DSH210009D	DSH	JOHNS HOPKINS HOSPITAL	THE JOHNS HOPKINS OUTPATIENT PHARMACY AT MONUMENT STREET	1810 EAST MONUMENT STREET	BALTIMORE	MD	10/01/2006		08/26/2009
DSH210012	DSH	SINAI HOSPITAL OF BALTIMORE		2401 WEST BELVEDERE AVENUE	BALTIMORE	MD	07/01/2003		03/03/2008
DSH210012A	DSH	SINAI HOSPITAL OF BALTIMORE	SINAI HOSPITAL ADDICTIONS RECOVERY PROGRAM (SHARP)	AMBULATORY PSYCHIATRY BUILDING 2401 W. BELVEDERE AVENUE	BALTIMORE	MD	04/01/2008		04/17/2009


Continue Cancel

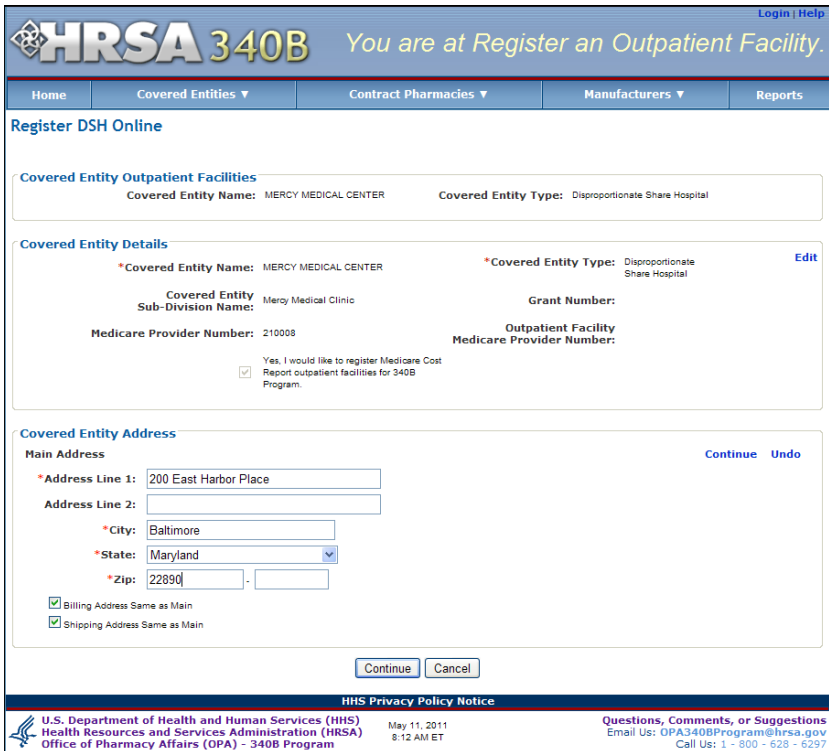
HHS Privacy Policy Notice

U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Office of Pharmacy Affairs (OPA) - 340B Program

May 10, 2011
3:54 PM ET

Questions, Comments, or Suggestions
Email Us: OPA340BProgram@hrsa.gov
Call Us: 1 - 800 - 628 - 6287

REGISTERING AN OUTPATIENT FACILITY	
DETAILS	EXAMPLE
<p><i>Covered Entity Outpatient Facilities Section</i></p> <ul style="list-style-type: none"> Use the scroll bars to review Instructions for Completing registration form. Information that cannot be edited: Covered Entity Name, Type, Grant Number and Medicaid Provider Number, which are derived from the main CE record. All other fields can be completed. <div data-bbox="170 850 251 934" data-label="Image"> </div> <p><i>Two eligibility based-questions feature checkboxes and are auto-populated. They pertain to 1) Using a Medicare Cost Report and/or 2) Using provider Based Status, for Existing Covered Entities Only.</i></p> <p><i>Covered Entity Details</i></p> <ol style="list-style-type: none"> Enter applicable information. Click the Continue button. 	 <div data-bbox="683 1136 1507 1268" data-label="Form"> <p><input type="checkbox"/> Yes, I would like to register Medicare Cost Report outpatient facilities for 340B Program.</p> <p><input type="checkbox"/> Yes, I would like to register Provider based status outpatient facilities for the 340B Program.</p> </div>

REGISTERING AN OUTPATIENT FACILITY	
DETAILS	EXAMPLE
<p>Addresses</p> <ul style="list-style-type: none"> Default is for Billing and Shipping Address to be the same as the main CE address. Unselecting the checkboxes <input type="checkbox"/> for Billing and/or Shipping Address expands the section and allows alternate addresses to be entered. Multiple shipping addresses can be added. <ol style="list-style-type: none"> Enter applicable address information. Click the Continue button. 	

REGISTERING AN OUTPATIENT FACILITY	
DETAILS	EXAMPLE
<p>Qualification Information</p> <ul style="list-style-type: none">QI Information cannot be edited as it is copied from the original Covered Entity QI information. <p>Medicaid Billing Information</p> <ul style="list-style-type: none">Answer Yes to the Medicaid Billing question, then NPI Numbers and/or Medicaid Numbers must be entered.Answer No to question and proceed to next section.Medicaid Exclusion Tutorial – link provides additional information. <p>1. Click the applicable radio button. If Yes is indicated, then a Medicaid and/or NPI Number must be added.</p> <p>2. Click the Add button for Medicaid and/or NPI Number section, and section expands. Information can be added for both sections. Medicaid Number includes State field. NPI consists of 10 numbers.</p> <p>3. Enter information.</p> <p>4. Click on Insert and information is added.</p> <p>5. Click the <div>Continue</div> button.</p>	<div><p>Qualification Information</p><div><input checked="" type="checkbox"/> Entity is a Disproportionate Share Hospital (as defined in section 1886(d)(1)(B) of the Social Security Act), and this status is recognized by CMS. Disproportionate Share Adjustment Percentage: % Cost Reporting Period From: to Will you use a Group Purchasing Organization for outpatient drug purchase? No</div></div> <div><p>Medicaid Billing Information</p><p>You must answer the following question regarding Medicaid Billing:</p><div>Will you bill Medicaid for drugs purchased at 340B drug price? <input checked="" type="radio"/> Yes <input type="radio"/> No</div></div> <div><p>Medicaid Billing Information</p><p>You must answer the following question regarding Medicaid Billing:</p><div>Will you bill Medicaid for drugs purchased at 340B drug price? <input checked="" type="radio"/> Yes <input type="radio"/> No</div><p>Medicaid Exclusion Tutorial</p><p>Medicaid Number(s):</p><div><div>Medicaid Number</div><div>State</div><div></div><div></div><div></div><div>Add</div></div><p>NPI Number(s):</p><div><div>NPI Number</div><div></div><div></div><div></div><div></div><div>Add</div></div></div> <div><p>Medicaid Billing Information</p><p>You must answer the following question regarding Medicaid Billing:</p><div>Will you bill Medicaid for drugs purchased at 340B drug price? <input checked="" type="radio"/> Yes <input type="radio"/> No</div><p>Medicaid Exclusion Tutorial</p><p>Medicaid Number(s):</p><div><div><div>Medicaid Number</div><div>State</div><div></div></div><div><div>8934599</div><div>Maryland</div><div>Insert Cancel</div></div></div><p>NPI Number(s):</p><div><div><div>NPI Number</div><div></div><div></div></div><div><div>1893450505</div><div>Edit</div><div>Delete</div></div></div></div>

REGISTERING AN OUTPATIENT FACILITY

DETAILS

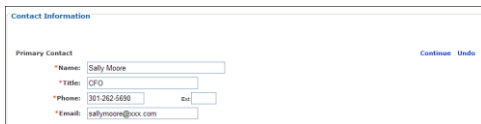
Contacts

1. Enter applicable information.
2. Click the **Continue** button.

Review and Edit

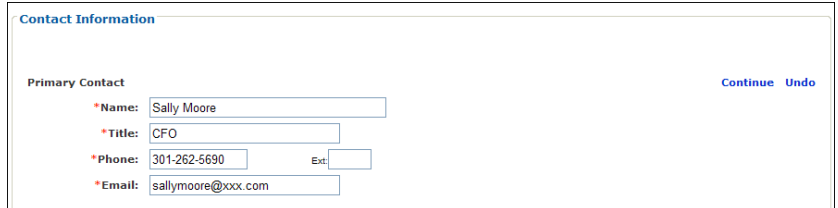
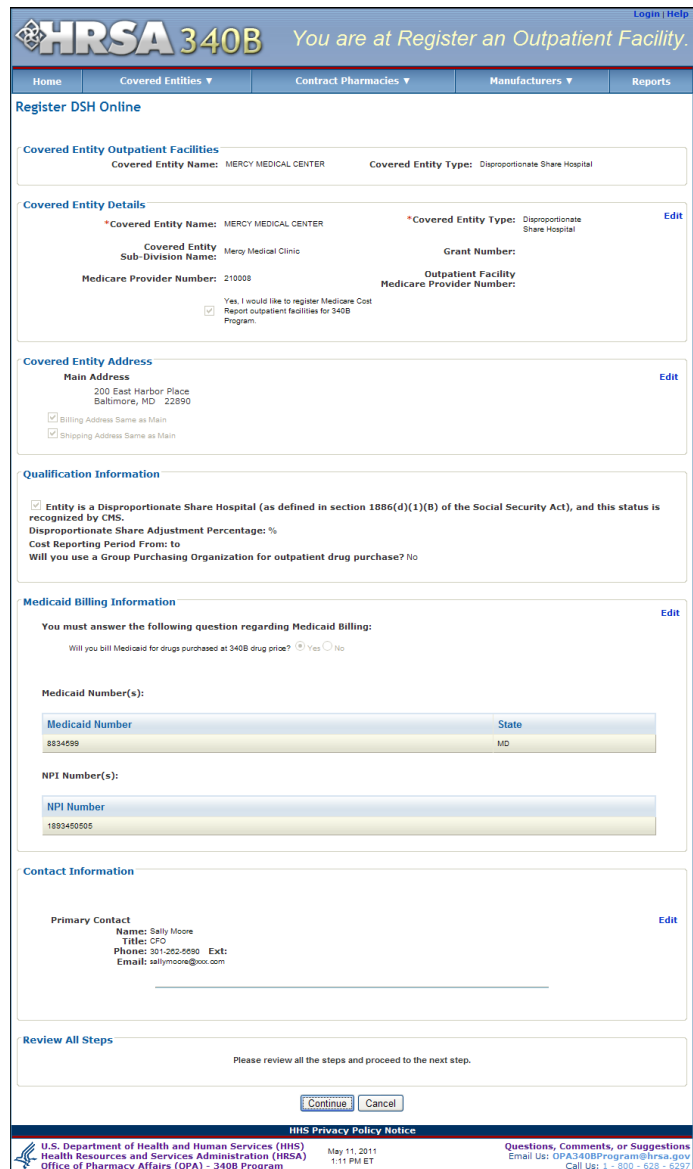
- Prior to submitting the Outpatient Facilities Registration form, each section can be edited.
- System automatically guides user through each section.

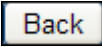
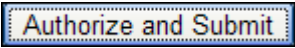
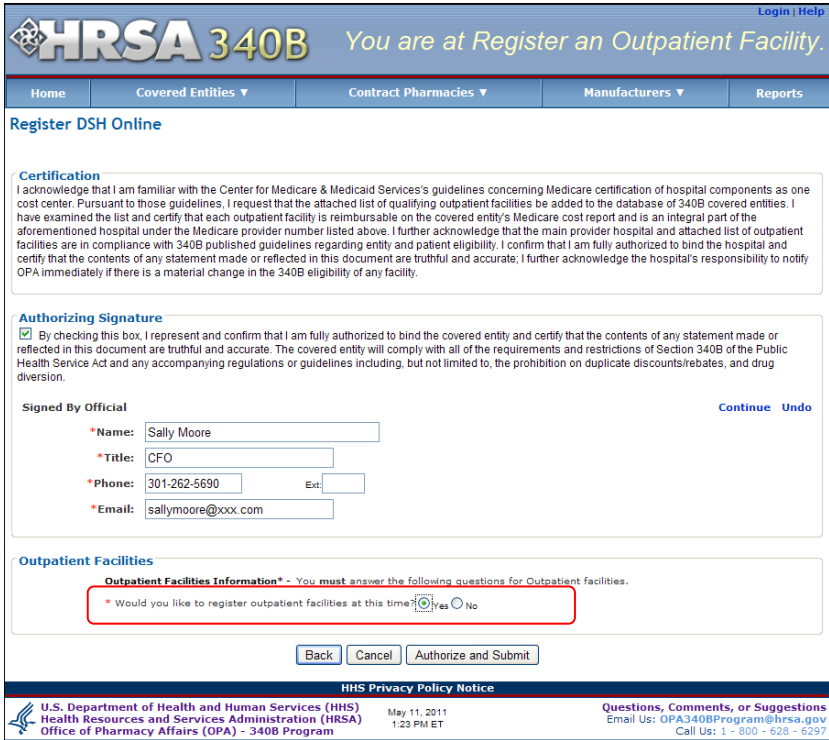
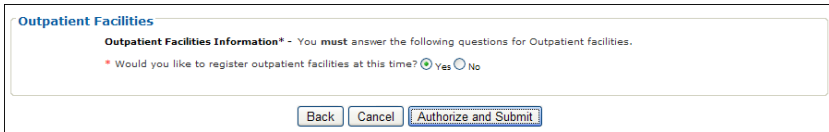
1. Click the **Edit** button in the applicable section to be edited, the section opens.



2. Make edits.
3. Click the **Continue** button in the section to be updated. The **Undo** button restores information to original information.
4. Click the **Continue** button at the bottom of the screen, and the **Authorize and Submit** screen displays.

EXAMPLE

REGISTERING AN OUTPATIENT FACILITY	
DETAILS	EXAMPLE
<p>Authorize and Submit</p> <ul style="list-style-type: none"> Signed By Official can be the same person as the Authorizing Official. Before submitting  button allows users to go back to the Review and Edit screen. Outpatient Facilities question displays at the bottom, and requires either a Yes or No answer. Outpatient Facility answer is No, then Outpatient Facility Registration form proceeds to Confirmation/Print screen. Outpatient Facility answer is Yes, then upon completing registration for the main Covered Entity an Outpatient Registration form opens. <ol style="list-style-type: none"> Enter applicable information. Select appropriate Outpatient Facilities radio button. Click  button. <p>Registering Multiple Outpatient Facilities</p> <ul style="list-style-type: none"> There are no limitations to the number of Outpatient Facilities that can be registered with the main Covered Entity. 	 <p>The screenshot shows the 'Register an Outpatient Facility' form. It includes a navigation bar with 'Home', 'Covered Entities', 'Contract Pharmacies', 'Manufacturers', and 'Reports'. The form has sections for 'Certification', 'Authorizing Signature', and 'Outpatient Facilities'. The 'Outpatient Facilities' section has a question: 'Would you like to register outpatient facilities at this time?' with 'Yes' and 'No' radio buttons. The 'Yes' button is selected. At the bottom, there are 'Back', 'Cancel', and 'Authorize and Submit' buttons. A footer section contains contact information for the U.S. Department of Health and Human Services (HHS) and the Office of Pharmacy Affairs (OPA) - 340B Program.</p>  <p>This screenshot is a close-up of the 'Outpatient Facilities' section. It shows the question: 'Outpatient Facilities Information* - You must answer the following questions for Outpatient facilities.' followed by the question: 'Would you like to register outpatient facilities at this time?' with 'Yes' and 'No' radio buttons. The 'Yes' button is selected. At the bottom, there are 'Back', 'Cancel', and 'Authorize and Submit' buttons.</p>

REGISTERING AN OUTPATIENT FACILITY

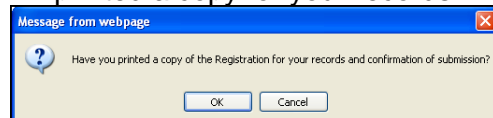
DETAILS

- As each Outpatient Facility is submitted with the primary CE registration, the Outpatient is listed in the Outpatient Facilities Added section.
- Once all Outpatient Facilities have been added, and *No, at this time I do not want to add outpatient facilities*, radio button is indicated, proceed to complete the registration process.

- Click the **Authorize and Submit** button and the Confirmation/Print screen displays.

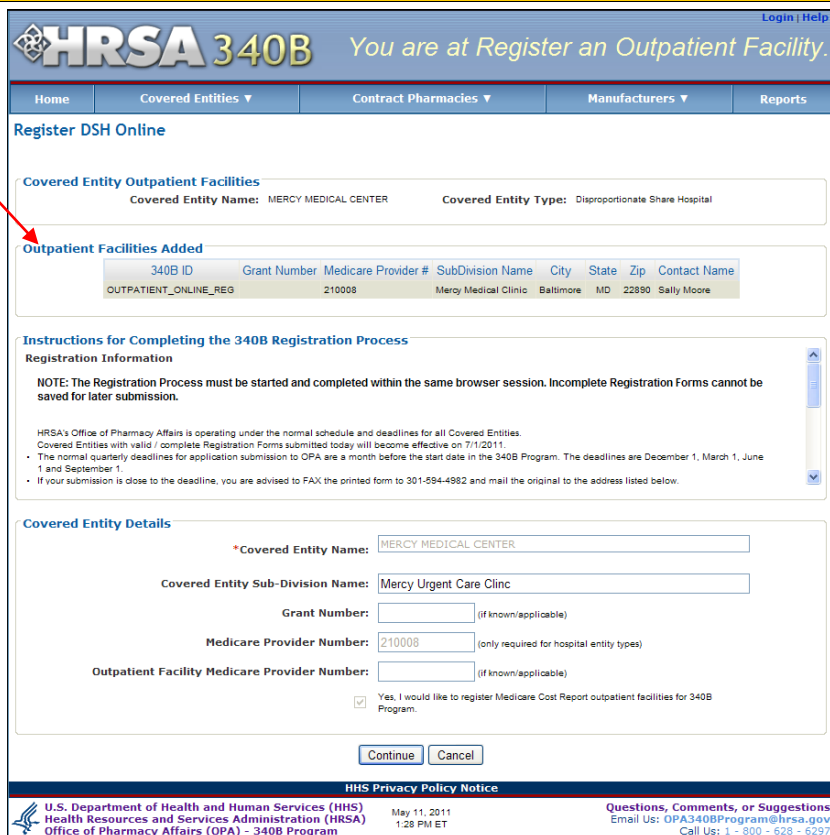
Confirmation and Print

- Click the **Print** button and browser window(s) open based on number of Outpatient Facilities registered, along with the main Covered Entity information.
- Click the **Done** button and message displays asking if you printed a copy for your records.



- Click the **OK** button and the **HRSA 340B Homepage** displays.

EXAMPLE



HRSA 340B You are at Register an Outpatient Facility.

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

Register DSH Online

Covered Entity Outpatient Facilities

Covered Entity Name: MERCY MEDICAL CENTER Covered Entity Type: Disproportionate Share Hospital

Outpatient Facilities Added

340B ID	Grant Number	Medicare Provider #	SubDivision Name	City	State	Zip	Contact Name
OUTPATIENT_ONLINE_REG	210008		Mercy Medical Clinic	Baltimore	MD	22890	Sally Moore

Instructions for Completing the 340B Registration Process

Registration Information

NOTE: The Registration Process must be started and completed within the same browser session. Incomplete Registration Forms cannot be saved for later submission.

HRSA's Office of Pharmacy Affairs is operating under the normal schedule and deadlines for all Covered Entities. Covered Entities with valid / complete Registration Forms submitted today will become effective on 7/1/2011.

- The normal quarterly deadlines for application submission to OPA are a month before the start date in the 340B Program. The deadlines are December 1, March 1, June 1 and September 1.
- If your submission is close to the deadline, you are advised to FAX the printed form to 301-594-4982 and mail the original to the address listed below.

Covered Entity Details

*Covered Entity Name: MERCY MEDICAL CENTER

Covered Entity Sub-Division Name: Mercy Urgent Care Clinic

Grant Number: (if known/applicable)

Medicare Provider Number: 210008 (only required for hospital entity types)

Outpatient Facility Medicare Provider Number: (if known/applicable)

☒ Yes, I would like to register Medicare Cost Report outpatient facilities for 340B Program.

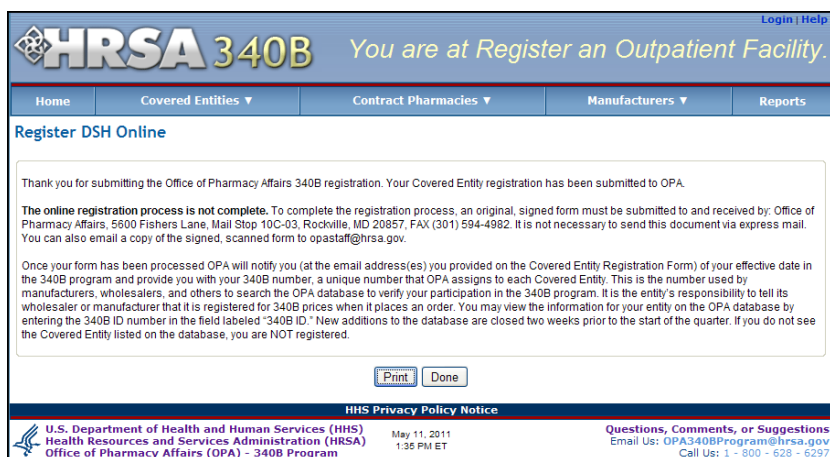
Continue Cancel

HHS Privacy Policy Notice

U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Office of Pharmacy Affairs (OPA) - 340B Program

May 11, 2011
1:28 PM ET

Questions, Comments, or Suggestions
Email Us: OPA340BProgram@hrsa.gov
Call Us: 1 - 800 - 628 - 6297



HRSA 340B You are at Register an Outpatient Facility.

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

Register DSH Online

Thank you for submitting the Office of Pharmacy Affairs 340B registration. Your Covered Entity registration has been submitted to OPA.

The online registration process is not complete. To complete the registration process, an original, signed form must be submitted to and received by: Office of Pharmacy Affairs, 5600 Fishers Lane, Mail Stop 10C-03, Rockville, MD 20857, FAX (301) 594-4982. It is not necessary to send this document via express mail. You can also email a copy of the signed, scanned form to opastaff@hrsa.gov.

Once your form has been processed OPA will notify you (at the email address(es) you provided on the Covered Entity Registration Form) of your effective date in the 340B program and provide you with your 340B number, a unique number that OPA assigns to each Covered Entity. This is the number used by manufacturers, wholesalers, and others to search the OPA database to verify your participation in the 340B program. It is the entity's responsibility to tell its wholesaler or manufacturer that it is registered for 340B prices when it places an order. You may view the information for your entity on the OPA database by entering the 340B ID number in the field labeled "340B ID." New additions to the database are closed two weeks prior to the start of the quarter. If you do not see the Covered Entity listed on the database, you are NOT registered.

Print Done

HHS Privacy Policy Notice

U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Office of Pharmacy Affairs (OPA) - 340B Program

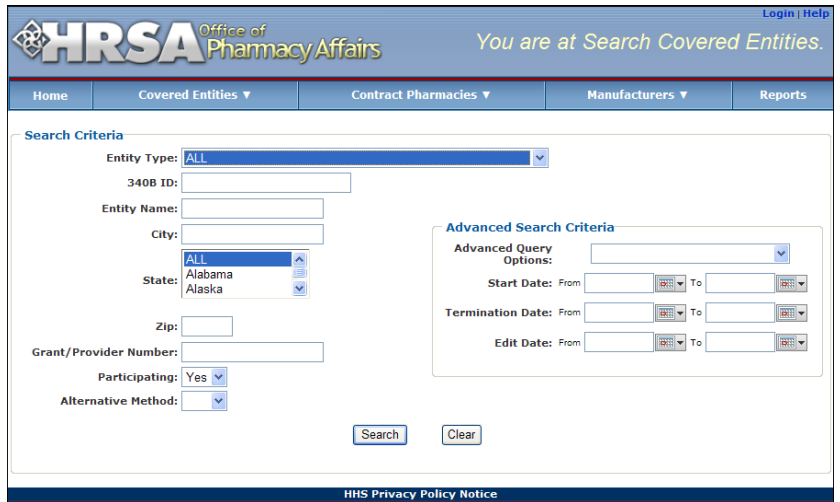
May 11, 2011
1:35 PM ET

Questions, Comments, or Suggestions
Email Us: OPA340BProgram@hrsa.gov
Call Us: 1 - 800 - 628 - 6297

CE SEARCH / RESULTS

Objectives:

- Searching for Covered Entity and displaying Results
- Exporting Data

CE SEARCH / SEARCH RESULTS	
DETAILS	EXAMPLE
<p>CE Search Criteria</p> <ul style="list-style-type: none"> • The CE Search Criteria screen provides search filters to select and view Covered Entity records, export data for reports, and create data export spreadsheets. • Entity Name field searches on: Partial names entered for Covered Entity and Subdivision Name. Entity Name returns results with Entity/Subdivision Names as part of the name. Enter East in the field, search results would include combinations for Covered Entities with “east” in the name. Returns could be names such as, Eastern Hospital, Southeast Center, etc. • Participating field defaults to Yes. Applies to Covered Entities: Approved as of today and participating in 340B Program. All applies to Covered Entities: Approved as of today and participating in 340B Program. Terminated as of today. No applies to Covered Entities: Terminated as of today. Approved as of today with a future start date. 	 <ul style="list-style-type: none"> • State field: Defaults to All. Tip - Multiple States can be selected by holding down the Control key. Tip – Select a range of states by holding down the Shift key. • Search button initiates the search. • Clear button clears the fields.

CE SEARCH / SEARCH RESULTS	
DETAILS	EXAMPLE

Advanced Search Criteria

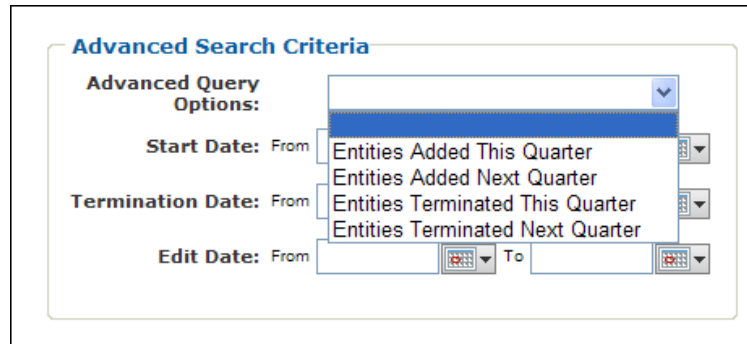
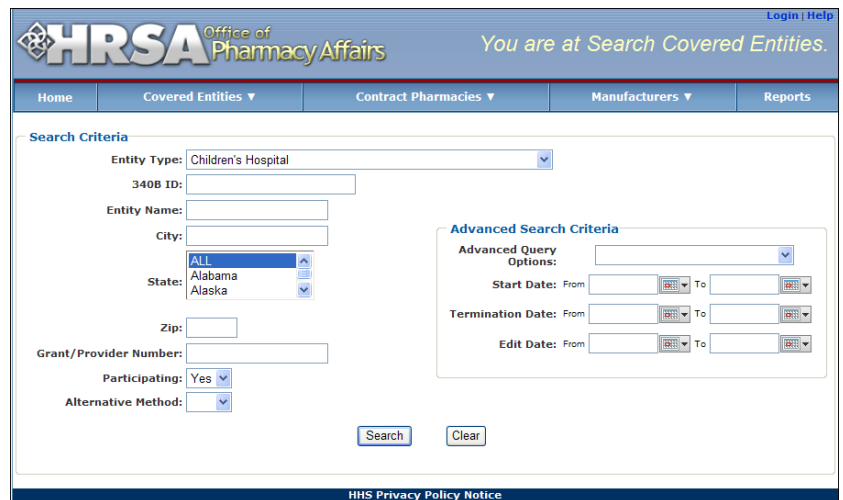
Advanced Search Criteria provides advanced query options for specific criteria.

- Selecting from the drop-down, auto-populates the date range fields to the current quarter.
- Date range fields can be changed.



Searching Covered Entities

1. Select Search Covered Entities link.
2. Enter applicable search criteria.
3. Click Search button and the Search Results table displays.

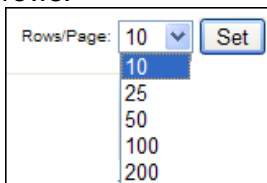
CE SEARCH / SEARCH RESULTS

DETAILS
EXAMPLE

Search Results

The Search Results displays in uniform table format.

- Number of rows display default is 10, can be set be to 10 to 200 rows.



- Columns are sortable. Click the column heading to change sort to descending order. The default is by ascending order.



- checkbox selects all records in the Search Results table.
- Click a 340B ID number (i.e., **CH010760**) which links to the Covered Entity Details record.
- Show Search Criteria** button returns to Search screen, with results maintained.
- Hide Search Criteria** hides the Search screen.

- Provides total number of Results returned.



340B ID	Entity Type	Entity Name	Sub Name	Address	City	State	Start Date	Term Date	Edit Date
CH010130	CH	CITY OF MANCHESTER HEALTH DEPT	MOBILE COMMUNITY HEALTH TEAM @ GMC COMMUNITY HEALTH SERVICES	195 MCGREGOR STREET	MANCHESTER	NH	04/01/2006		03/14/2006
CH010760	CH	MANCHESTER COMMUNITY HEALTH CENTER		145 HOLLIS STREET 2ND FLOOR	MANCHESTER	NH	04/01/1996		06/19/2009
CH010850	CH	COOS COUNTY FAMILY HEALTH SERVICES, INC.		133 PLEASANT STREET	BERLIN	NH	07/01/2004		
CH01085A	CH	COOS COUNTY FAMILY HEALTH SERVICES, INC.		54 WILLOW STREET	BERLIN	NH	10/01/2001		05/05/2004
CH01085D	CH	COOS COUNTY FAMILY HEALTH SERVICES, INC.		59 PAGE HILL ROAD	BERLIN	NH	07/01/2004		08/11/2005
CH01085E	CH	COOS COUNTY FAMILY HEALTH SERVICES, INC.		2 BROADWAY STREET	GORHAM	NH	07/01/2004		08/11/2005
CH010980	CH	AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.		25 MT EUSTIS ROAD	LITTLETON	NH	04/01/1996		06/12/2006
CH01098A	CH	AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.	MT. MOOSELAKEE HEALTH CENTER	333 NEW HAMPSHIRE ROUTE 25 MAIN STREET	WARREN	NH	07/01/2006		06/12/2006
CH01098B	CH	AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.		40 RAILROAD STREET	WOODSVILLE	NH	07/01/2006		06/12/2006
CH01098C	CH	AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.		14 KING'S SQUARE	WHITEFIELD	NH	07/01/2006		06/12/2006

- Lists number of pages at the bottom, which changes if the number of rows is changed. Click on the next number to move to view the next group of records.

DATA EXPORT / EXPORT RESULTS

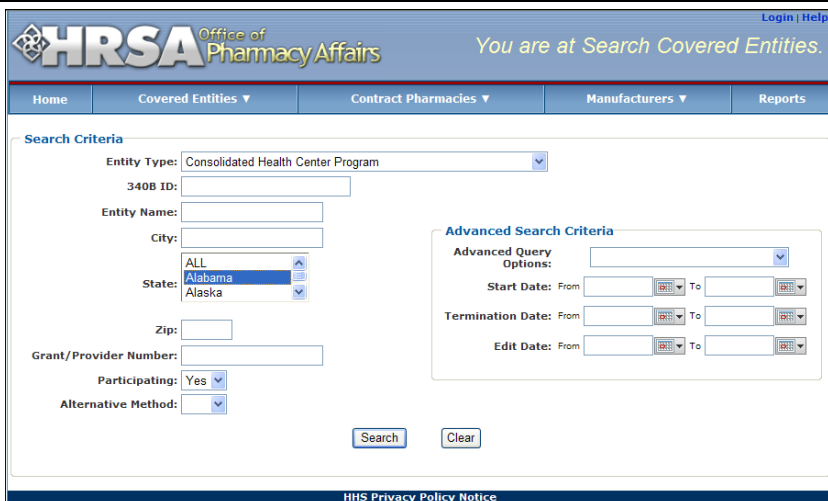
DETAILS

Export Results

- Exporting data is initiated from conducting a Covered Entity search for specific Covered Entity records.

- Enter search criteria and Search Results table displays.
- Click on checkbox(es) ☒ for applicable Covered Entity record(s).
- Click the [Export Results](#) button, and the Covered Entity Data Extract screen displays.


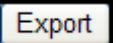
EXAMPLE

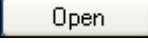



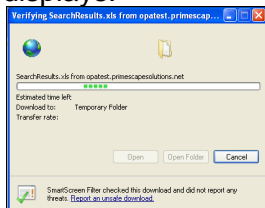

Select All	340B ID	Entity Type	Entity Name	Sub Name	Address	City	State	Start Date	Term Date	Edit Date
<input checked="" type="checkbox"/>	CH040130	CH	HEALTH SERVICES, INC.	LISTER HILL HEALTH CENTER	1000 ADAMS AVE	MONTGOMERY	AL	12/01/1992		05/13/2004
<input type="checkbox"/>	CH04013A	CH	HEALTH SERVICES, INC.	RAMER FAMILY HEALTH CENTER	5492 STATE HIGHWAY 94	RAMER	AL	12/01/1992		05/13/2004
<input type="checkbox"/>	CH04013B	CH	HEALTH SERVICES, INC.	MONTGOMERY PRIMARY HEALTH CENTER	3000 MOBILE HIGHWAY	MONTGOMERY	AL	12/01/1992		05/13/2004
<input checked="" type="checkbox"/>	CH040160	CH	CENTRAL ALABAMA COMPREHENSIVE HEALTH, INC.		203 W. LEE STREET P.O. BOX 1331	TUSKEGEE INSTITUTE	AL	10/01/2001		05/08/2010
<input checked="" type="checkbox"/>	CH041960	CH	BIRMINGHAM HEALTH CARE FOR THE HOMELESS COALITION, INC.		712 25TH STREET NORTH	BIRMINGHAM	AL	07/01/1995		01/29/2010
<input type="checkbox"/>	CH04196A	CH	BIRMINGHAM HEALTH CARE FOR THE HOMELESS COALITION, INC.	NORTH BIRMINGHAM HOMES HEALTH CARE	3000 44TH AVENUE NORTH	BIRMINGHAM	AL	04/01/2005		08/12/2005
<input type="checkbox"/>	CH04196B	CH	BIRMINGHAM HEALTH CARE FOR THE HOMELESS COALITION, INC.	MARKS VILLAGE HEALTH CENTER	7524 GEORGIA ROAD	BIRMINGHAM	AL	04/01/2005		08/12/2005
<input type="checkbox"/>	CH04196C	CH	BIRMINGHAM HEALTH CARE FOR THE HOMELESS COALITION, INC.	NORTHSIDE DENTAL CLINIC	1333 19TH STREET NORTH	BIRMINGHAM	AL	04/01/2005		08/12/2005
<input type="checkbox"/>	CH04196F	CH	BIRMINGHAM HEALTH CARE FOR THE HOMELESS COALITION, INC.	MOBILE HEALTH UNIT	712 25TH STREET NORTH	BIRMINGHAM	AL	04/01/2005		08/12/2005
<input type="checkbox"/>	CH04196K	CH	BIRMINGHAM HEALTH CARE FOR THE HOMELESS COALITION, INC.	BHC AT JIMMY HALE MISSION	2403 3RD AVE. NORTH	BIRMINGHAM	AL	04/01/2005		08/12/2005


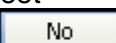
DATA EXPORT / EXPORT RESULTS

DETAILS

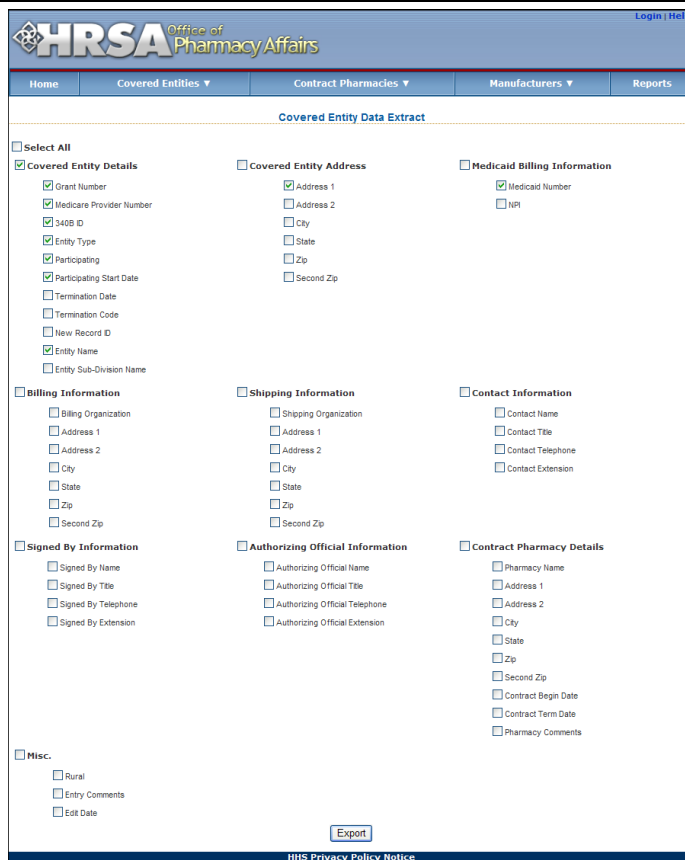
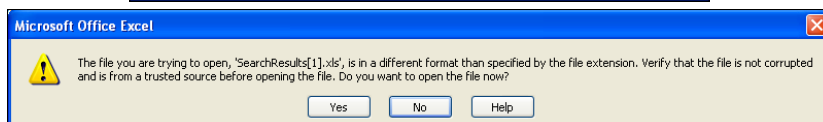
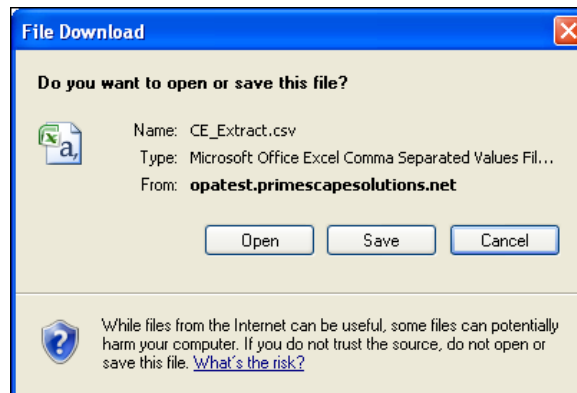
- Select applicable checkbox(es) 
 - Default setting is: all checkboxes are blank.
 - Select All – all categories and checkboxes are indicated.
 - Category headings (i.e., Covered Entity Details) indicate all checkboxes for that heading.
 - Individual checkboxes indicates only a checkbox for a particular item listed.
 - Click on checkbox to deselect.
- Click the  button and the File Download window displays.

- Select  button to open file, or  button to save file.
- Verify Search Results window displays.



- Click the  button to and the Excel spreadsheet displays. Or, Click the  button to cancel.
 - Excel spreadsheet displays. This is only partial view.

EXAMPLE

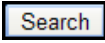

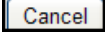
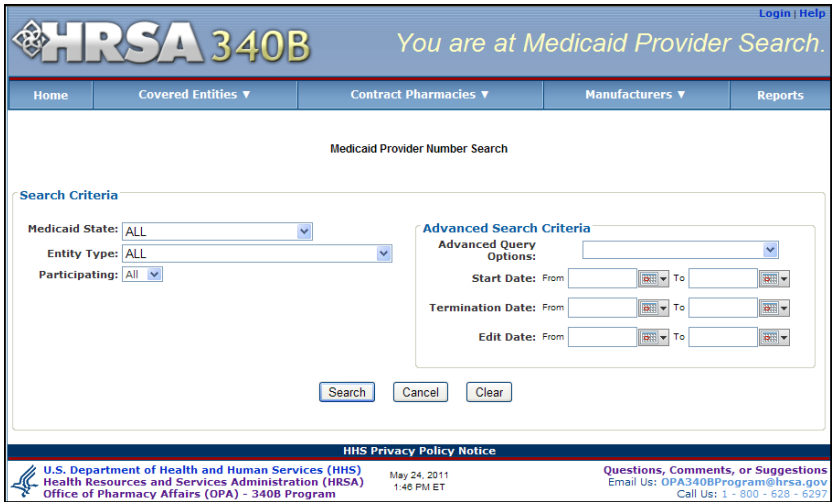



	A	B	C	E	F	G	H	I	J	K	L	M	N	O
1	Grant Num	340B ID	Entity Type	Add Date	Term Date	Termini	New Reco	Entity Nar	Entity Sub	Address 1	Address 2	City	State	Zip
2	H80CS007	CH040130	CH	12/1/1992				HEALTH SE	LISTER HIL	1000 ADAMS AVE		MONTGO	AL	36104
3	H80CS004	CH040160	CH	10/1/2001				CENTRAL ALABAMA	1203 W. LEE P.O. BOX			TUSKEGEE	AL	36083
4	H80CS004	CH040160	CH	10/1/2001				CENTRAL ALABAMA	1203 W. LEE P.O. BOX			TUSKEGEE	AL	36083
5	H80CS000	CH041960	CH	7/1/1995				BIRMINGHAM HEALT	712 25TH STREET NOI	BIRMINGH	AL			35202

MEDICAID PROVIDER SEARCH / RESULTS

Objectives:

- Searching for Medicaid Provider Numbers
- Exporting Data

MEDICAID PROVIDER SEARCH / SEARCH RESULTS	
DETAILS	EXAMPLE
<p>Search Criteria</p> <p>The Medicaid Provider Number Search screen provides a search specific to Medicaid information, and functions the same as the CE Search screen.</p> <p>Participating field:</p> <ul style="list-style-type: none"> • Participating field defaults to All. All applies to Covered Entities: Approved as of today and participating in 340B Program. Terminated as of today. Yes applies to Covered Entities: Approved as of today and participating in 340B Program. No applies to Covered Entities: Terminated as of today. Approved as of today with a future start date. •  button initiates the search. •  button clears the fields. •  button returns to the HRSA 340B Homepage. 	

MEDICAID PROVIDER SEARCH / SEARCH RESULTS

DETAILS

Searching Medicaid Provider Number

1. Click the Search Medicaid Provider Numbers link.
2. Select criteria from the drop-downs or Advanced Search Criteria fields.
3. Click the **Search** button and Search Results table displays.

Search Results

The Search Results displays in a uniform table format and has same functionality as Covered Entity Search Results table.

- Table includes columns for Medicaid Provider Number, NPI Number, and Medicaid State, along with other information.
- Covered Entities with multiple NPI number and Medicaid Provider Numbers display on multiple rows, with the same 340B ID number linking to the Covered Entity Details record.
- **Show Search Criteria** button returns to Search screen, with results maintained.
- **Hide Search Criteria** hides the Search screen.
- Select a 340B ID number, which links to Covered Entity Details record.

EXAMPLE




340B ID	Medicaid Provider Number	NPI	Medicaid State	Entity Type	Entity Name	Sub Name	City	State	Edit Date
CH040210	021753100		FL	CH	CENTRAL FLORIDA HEALTH CARE, INC	CENTRAL FLORIDA HEALTH CARE PHARMACY	AVON PARK	FL	
CH04021E		1720020746		CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND PRIMARY CARE	LAKELAND	FL	03/12/2009
CH04021E		1487893277		CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND PRIMARY CARE	LAKELAND	FL	03/12/2009
CH04021E	091835202		FL	CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND PRIMARY CARE	LAKELAND	FL	03/12/2009
CH04021F		1720020746		CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND OB/GYN	LAKELAND	FL	03/12/2009
CH04021F	091835200		FL	CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND OB/GYN	LAKELAND	FL	03/12/2009
CH040250	1090745		FL	CH	PROJECT HEALTH, INC	THOMAS E. LANGLEY MEDICAL CENTER	SUMTERVILLE	FL	01/21/2010
CH040320	103026400		FL	CH	COMMUNITY HEALTH OF SOUTH FL, INC	DORIS ISON COMMUNITY HEALTH CENTER	MIAMI	FL	05/18/2010
CH04032B	103025600		FL	CH	COMMUNITY HEALTH OF SOUTH FL, INC	MARTIN LUTHER KING, JR. CLINICA COMPREHENSIVA	HOMESTEAD	FL	05/18/2010
CH04032C	001196000		FL	CH	COMMUNITY HEALTH OF SOUTH FL, INC	NARANJA COMMUNITY HEALTH CENTER	NARANJA	FL	05/18/2010

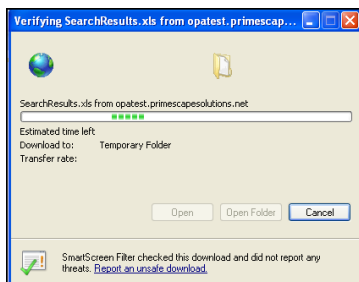
MEDICAID PROVIDER SEARCH / SEARCH RESULTS

DETAILS

Export Results

1. Click the **Export Results** button, and Medicaid Provider Data Extract screen displays.
2. Select checkbox(es) for:
Default setting is: all checkboxes are blank.
Select All – all categories and checkboxes are indicated.
Category headings (i.e., Covered Entity Details) indicate all checkboxes for that heading.
Individual checkboxes indicates only a checkbox for a particular item listed.
Click on checkbox to deselect.

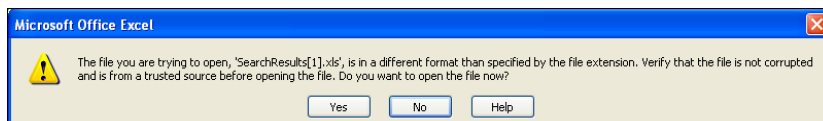
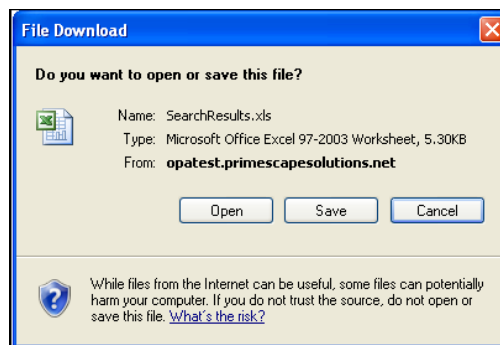
3. Select **Export** button, and File download window displays.
4. Select **Open** button to open file, and Verify Search Results window displays. Or, click the **Save** button to save file.



5. Click the **Yes** button, and the Excel spreadsheet displays.
The **No** button closes the window.

 - Excel spreadsheet displays.
This is a partial view of spreadsheet.

EXAMPLE

	A	B	C	D	E	F	G	H	I	J
1	Medicaid Provider Number	NPI Number	340B ID	Medicaid State	Entity Type	Entity Name	Sub-Division Name	Add Date	Term Date	New Record ID
2	21753100		CH040210	FL	CH	CENTRAL FLORIDA HEALTH CARE, INC	CENTRAL FLORIDA HEALTH CARE	1/1/2000		
3		1720020746	CH04021E		CH	CENTRAL FLORIDA HEALTH CARE, INC	PHARMACY	4/1/2009		
4		1487893277	CH04021E		CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND PRIMARY CARE	4/1/2009		
5	691835202		CH04021E	FL	CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND PRIMARY CARE	4/1/2009		
6		1720020746	CH04021F		CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND OB/GYN	4/1/2009		
7	691835200		CH04021F	FL	CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND OB/GYN	4/1/2009		

VIEW COVERED ENTITY

Objectives:

- Viewing Covered Entity Details

VIEW COVERED ENTITY DETAILS

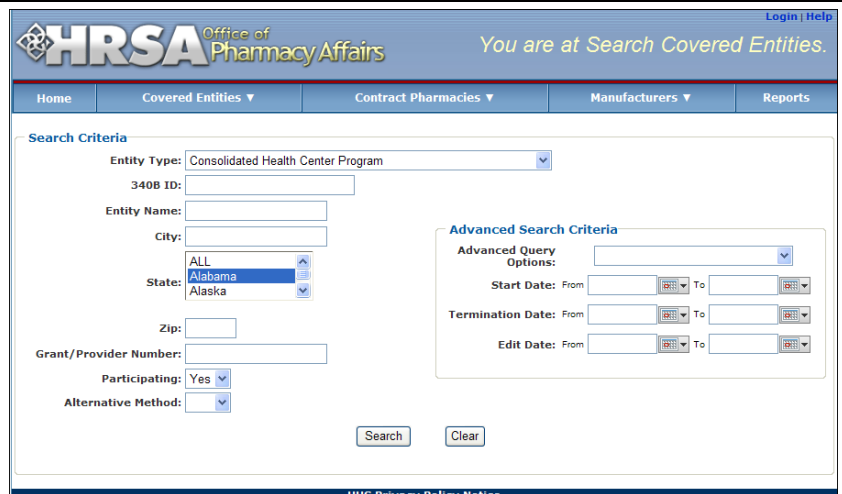
DETAILS

Viewing Covered Entity Details

Covered Entities are accessed and viewable using the CE Search screen.

- Covered Entity Details records available for view:
 - Approved
 - Approved with a future start date
 - Terminated
 - Terminated with a future start date
 - Covered Entity registration forms submitted online, that have not been approved by OPA are not available for viewing.
- Conduct search.
 - Click the **Search** button and Search Results displays.

EXAMPLE



VIEW COVERED ENTITY DETAILS

DETAILS

EXAMPLE

- Click on applicable 340B ID and Covered Entity Details record displays.

HRSA 340B *You are at Search Covered Entities.* [Login](#) [Help](#)

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

Search Results:
The number of rows returned: 77 Rows/Page: 10 Set Show Search Criteria Export Results

Select All	340B ID	Entity Type	Entity Name	Sub Name	Address	City	State	Start Date	Term Date	Edit Date
<input type="checkbox"/>	CH010060	CH	FAIR HAVEN COMMUNITY HEALTH CENTER		374 GRAND AVENUE	NEW HAVEN	CT	07/01/2003		12/04/2003
<input type="checkbox"/>	CH01006A	CH	FAIR HAVEN COMMUNITY HEALTH CENTER	WILBUR CROSS HIGH SCHOOL	181 MITCHELL DRIVE	NEW HAVEN	CT	10/01/2010		08/12/2010
<input type="checkbox"/>	CH01006B	CH	FAIR HAVEN COMMUNITY HEALTH CENTER	JOHN S. MARTINEZ SCHOOL	100 JAMES STREET	NEW HAVEN	CT	10/01/2010		08/12/2010
<input type="checkbox"/>	CH01006C	CH	FAIR HAVEN COMMUNITY HEALTH CENTER	MEDICAL GROUP AT BELLA VISTA	339 EASTERN STREET	NEW HAVEN	CT	10/01/2010		08/17/2010
<input type="checkbox"/>	CH01006D	CH	FAIR HAVEN COMMUNITY HEALTH CENTER	RIVERSIDE ACADEMY	560 ELLA T. GRASSO BLVD	NEW HAVEN	CT	10/01/2010		08/17/2010
<input type="checkbox"/>	CH01006E	CH	FAIR HAVEN COMMUNITY HEALTH CENTER	FAIRHAVEN K-8 SCHOOL	164 GRAND AVENUE	NEW HAVEN	CT	10/01/2010		08/17/2010
<input type="checkbox"/>	CH01006F	CH	FAIR HAVEN COMMUNITY HEALTH CENTER	CLINTON AVENUE SCHOOL	203 CLINTON AVENUE	NEW HAVEN	CT	10/01/2010		09/14/2010
<input type="checkbox"/>	CH010070	CH	CORNELL SCOTT-HILL HEALTH CORPORATION	CORNELL SCOTT-HILL HEALTH CENTER PHARMACY	428 COLUMBUS AVENUE	NEW HAVEN	CT	12/01/1992		10/06/2010
<input type="checkbox"/>	CH01007C	CH	CORNELL SCOTT-HILL HEALTH CORPORATION	CS-HHC DIXWELL HEALTH CENTER	225 DIXWELL AVENUE	NEW HAVEN	CT	04/01/1995		10/06/2010
<input type="checkbox"/>	CH010220	CH	GENERATIONS FAMILY HEALTH CENTER, INC.		1315 MAIN STREET	WILLIMANTIC	CT	01/01/2002		01/07/2004

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HHS Privacy Policy Notice

U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Office of Pharmacy Affairs (OPA) - 340B Program

May 12, 2011
3:20 PM ET

Questions, Comments, or Suggestions
Email Us: OPA340BProgram@hrsa.gov
Call Us: 1 - 800 - 525 - 5257

VIEW COVERED ENTITY DETAILS

DETAILS

EXAMPLE

- Covered Entity Detail screen displays as view only; edits cannot be made.
- Screen displays the Covered Entity Details information in sections.
- FI Letter Date displays for DSH.
- Funding Stream displays for CH.

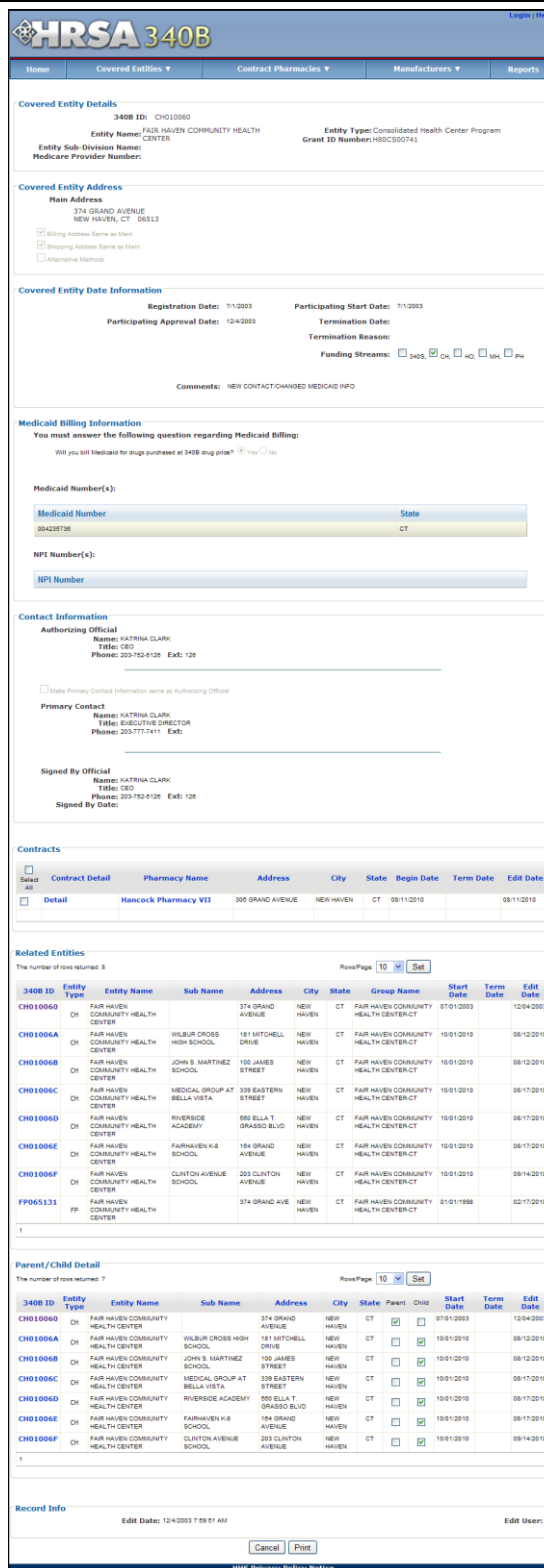
- Contracts Table provides: Overview of approved and terminated Contract Pharmacy contracts associated with the Covered Entity.

Links to view any of the CP Details records.

Links to Pharmacy Name.

- Related Entities Table provides: Overview of related entities to the main Covered Entity along with 340B ID links to each.

- Parent/Child Detail Table provides: Parent/Child assignment for each associated Covered Entity, and 340B ID link to CE Details.



The screenshot shows the HRSA 340B Covered Entity Details page for a specific entity. The page is divided into several sections:

- Covered Entity Details:** Displays the entity's name (FAIR HAVEN COMMUNITY HEALTH CENTER), address (374 GRAND AVENUE, NEW HAVEN, CT 06513), and registration information (Registration Date: 7/1/2003, Participating Approval Date: 12/4/2003).
- Covered Entity Address:** Shows the main address and options for billing address (Same as Main or Alternative Methods).
- Covered Entity Date Information:** Displays the registration date, participating approval date, and funding streams (340B, CH, DSH, FI, PH).
- Medicaid Billing Information:** Includes a question about Medicaid for drug purchases and a field for the Medicaid Number (004205736).
- Contact Information:** Lists the authorizing official (KATRINA CLARK, CEO) and the primary contact (KATRINA CLARK, EXECUTIVE DIRECTOR).
- Contracts:** A table showing contract details for Hancock Pharmacy VII, including address, city, state, and dates.
- Related Entities:** A table listing related entities with columns for 340B ID, entity type, entity name, sub name, address, city, state, group name, start date, and term date.
- Parent/Child Detail:** A table showing parent/child assignments with columns for 340B ID, entity type, entity name, sub name, address, city, state, parent, child, start date, term date, and edit date.
- Record Info:** Displays the edit date (12/4/2003 7:59:51 AM) and the user who made the edit.

COVERED ENTITY ACRONYMS

CODE	ENTITY TYPE / GRANTEE
340S	School Based program (Healthy Schools, Healthy Communities) – <i>Now combined in CH Category</i>
BL	Black Lung Clinics Program
CAH	Critical Access Hospital
CAN	Free Standing Cancer Hospital
CH	Consolidated Health Center Program (<i>now combines Community Health Centers, School Based Programs, Health Care for the Homeless Programs, and Public Housing Primary Care Programs entities</i>)
DSH	Disproportionate Share Hospital
FP	Family Planning (<i>includes only Title X funded</i>)
FQHCLA	Federally Qualified Health Center Look-Alikes
FQHC638	Tribal Contract/Compact with HIS (P.L. 93-638)
HM	Comprehensive Hemophilia Treatment Center
HO	Health Care for the Homeless Program (<i>now combined in CH category</i>)
HV	Ryan White Part C (<i>formerly Title III</i>)
MH	Migrant Health program (<i>now combined in CH Category</i>)
NH	Native Hawaiian Health Care Program
PED	Children's Hospital
PH	Public Housing Primary Care Program (<i>now combined in CH category</i>)
RRC	Rural Referral Center
RWI	Ryan White Part A (<i>formerly Title I</i>)
RWII	Ryan White Part B (<i>formerly Title II</i>)
RWIIR	Ryan White Part B (<i>formerly Title II</i>) ADAP Rebate Option
RWIID	Ryan White Part B (<i>formerly Title II</i>) ADAP Direct Purchase
RW4	Ryan White Part D (<i>formerly Title IV</i>)
SCH	Sole Community Hospital
SPNS	Ryan White Part F (<i>formerly Special Projects of National Significance</i>)
STD	Sexually Transmitted Diseases
TB	Tuberculosis
UI	Urban Indian